

Name:
Phone #:

Date:

Acute Illness or Injury Form

Please be specific and detailed in your answers.

Describe the main concern. When did this illness or injury begin?

Have you had this illness or similar injury before? Describe.

What was going on in your life when this illness started or injury happened?

Did the symptoms come on slowly or suddenly?

Describe **all** your symptoms as specifically as possible. Describe appetite, any discharges, chills, fever, thirst, pain, congestion, cough, etc.

What makes the symptoms better or worse? E.g., motion or rest, cool air or warm air, time of day: morning/evening/night, cold drinks or hot drinks, cold or hot applications, pressure, etc. Do you feel unusually chilly or warm with this illness or injury?

How has this illness/injury affected your mood, energy, sleep, life in general? What is your primary emotion with these symptoms (e.g., weepiness, anger, apathy, irritability)?

Is there anything odd or unusual about your symptoms? Anything to add?