

Client Name: _____

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Case Number: _____

Initial Date: _____

CLIENT'S COMPLAINTS OF INJURIES

Body Part:

Interview 1 Interview 2 Interview 3 Interview 4 Interview 5 Interview 6 Interview 7 Interview 8 Interview 9 Interview 10

Date:

Pain wake up at night

Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____
No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____

Cold/humidity aggravate

Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____
No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____

Is pain produced by:

Lifting

Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____
No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____

Squatting

Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____
No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____

Sitting

Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____
No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____

Twisting

Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____
No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____

Rotation

Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____
No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____

Bending

Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____
No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____

Reaching

Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____
No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____

Pulling

Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____
No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____

Other

Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____	Yes: _____
No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____	No: _____

Types of Exercise that aggravate pain: _____

Types of work that produce pain: _____

Is there any: fluid puffiness swelling Other _____