

NP CHIEF COMPLAINT

Name:

Age:

How can the doctor help you? Is there a health issue?

Was there a cause? When did it begin?

Have you had it in the past?

When is it worse? Morning, night, getting up, moving as examples....

Are you currently taking any medication for this issue?

Have you had any health care providers evaluate you?

If yes, what did they find?

If yes, what did they do for you?

Did it help?
