



Roy A. Logan, DC

7612 Hwy 71 W., Ste. C
Austin, Texas 78735
(512) 301-9191

12505 Rampart St., Ste. B
Austin, Texas 78727
(512) 215-3256

CHIEF COMPLAINT WORKSHEET

Describe your complaint(s) in your own words _____

On a scale of 0-10, 0 being no complaints and 10 being the worst you can imagine, rate the severity of your condition: 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

When did this complaint begin? (please give exact date if possible) _____

This condition is the result of an **ACCIDENT/ AUTOMOBILE ACCIDENT/ ON THE JOB INJURY/ OTHER** _____

Who else have you seen for this condition?

Name of Provider(s)	Address/Phone	Treatment Given
_____	_____	_____
_____	_____	_____
_____	_____	_____

What medications are you currently taking, including over the counter drugs?

Name of Drug	Dosage	Condition Used For	Date Started
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date of last Physical Examination _____

Name of Family Physician _____

SIGNATURE (Guardian if under 18) _____ Date _____