



ALLIED-MED TRAUMA EVALUATIONS INC.

Symptom Checklist:

Client Name:

Physical symptoms/injuries:

- | | | |
|---|--|--|
| <input type="checkbox"/> loss of consciousness | <input type="checkbox"/> left shoulder pain | <input type="checkbox"/> right ankle/foot pain |
| <input type="checkbox"/> headache | <input type="checkbox"/> left arm/elbow/wrist pain | <input type="checkbox"/> right leg numbness |
| <input type="checkbox"/> dizziness | <input type="checkbox"/> left upper extremity numbness | <input type="checkbox"/> left leg pain |
| <input type="checkbox"/> nausea | <input type="checkbox"/> neck pain | <input type="checkbox"/> left knee pain |
| <input type="checkbox"/> blurred vision | <input type="checkbox"/> upper back pain | <input type="checkbox"/> left ankle/foot pain |
| <input type="checkbox"/> tinnitus | <input type="checkbox"/> mid back pain | <input type="checkbox"/> left leg numbness |
| <input type="checkbox"/> right shoulder pain | <input type="checkbox"/> lower back pain | <input type="checkbox"/> TMJ pain, locking |
| <input type="checkbox"/> right arm/elbow/wrist pain | <input type="checkbox"/> right leg pain | <input type="checkbox"/> weakness |
| <input type="checkbox"/> right upper extremity numbness | <input type="checkbox"/> right knee pain | <input type="checkbox"/> fatigue |

Other symptoms/injuries:

Psychological symptoms:

- | | | |
|---|---|---|
| <input type="checkbox"/> stress | <input type="checkbox"/> coping difficulties | <input type="checkbox"/> poor memory |
| <input type="checkbox"/> anxiety | <input type="checkbox"/> driving/passenger phobia | <input type="checkbox"/> poor concentration |
| <input type="checkbox"/> flashbacks | <input type="checkbox"/> anger | <input type="checkbox"/> poor sleep |
| <input type="checkbox"/> panic attacks | <input type="checkbox"/> frustration | <input type="checkbox"/> nightmares |
| <input type="checkbox"/> depressed mood | | |

Other symptoms:

Unable to complete following pre accident activities:

- | | | |
|---|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> self care | <input type="checkbox"/> ADL's | <input type="checkbox"/> vocational |
| <input type="checkbox"/> light housekeeping | <input type="checkbox"/> cooking | <input type="checkbox"/> social |
| <input type="checkbox"/> heavy housekeeping | <input type="checkbox"/> driving | <input type="checkbox"/> schooling |
| <input type="checkbox"/> home maintenance | <input type="checkbox"/> care giving | <input type="checkbox"/> recreation |

Additional Information: