

# Harbour Healthcare, Inc.

719 High Street, Suite 118

Portsmouth, VA 23704

(PHONE) 866.601.4443 (FACSIMILE) 866.596.6056

[www.myharbourhealthcare.com](http://www.myharbourhealthcare.com)

(double click here on header and complete name/date)

Name: Preferred/Nickname: Date: / /

## Chief Concerns

### Issue 1

- LOCATION (where in the body): \_\_\_\_\_
- When did this issue occur? \_\_\_\_/\_\_\_\_/\_\_\_\_ or approximately \_\_\_\_\_
- How did this happen? \_\_\_\_\_
- How would you characterize this problem? Please describe in terms of
  - ✚ QUALITY(sharp, piercing, etc.): \_\_\_\_\_
  - ✚ INTENSITY: \_\_\_\_ (0-10 scale with zero= no symptom and 10= a 'worst ever)
  - ✚ Have you had any numbing or tingling in this area?  Yes  No
  - ✚ For how long? How long does it last? \_\_\_\_\_
- What **type(s) of care** have you received for this issue?
  - Has anything made it better? \_\_\_\_\_
  - Has anything made it worse? \_\_\_\_\_
  - Medical/Chiropractic/PT/Other: \_\_\_\_\_
  - What type of tests have been performed and when? \_\_\_\_\_

### Issue 2

- LOCATION (where in the body): \_\_\_\_\_
- When did this issue occur? \_\_\_\_/\_\_\_\_/\_\_\_\_ or approximately \_\_\_\_\_
- How did this happen? \_\_\_\_\_
- How would you characterize this problem? Please describe in terms of
  - ✚ QUALITY: \_\_\_\_\_
  - ✚ INTENSITY: \_\_\_\_ (0-10 scale with zero= no symptom and 10= a 'worst ever)
  - ✚ Have you had any numbing or tingling in this area?  Yes  No
  - ✚ For how long? How long does it last? \_\_\_\_\_
- What **type(s) of care** have you received for this issue?
  - Has anything made it better? \_\_\_\_\_
  - Has anything made it worse? \_\_\_\_\_
  - Medical/Chiropractic/PT/Other: \_\_\_\_\_
  - What type of tests have been performed and when? \_\_\_\_\_

**If more than two issues, complete here in similar format:**

\_\_\_\_\_

Name / contact number of PCP \_\_\_\_\_

Name / contact number of Specialist(s) \_\_\_\_\_

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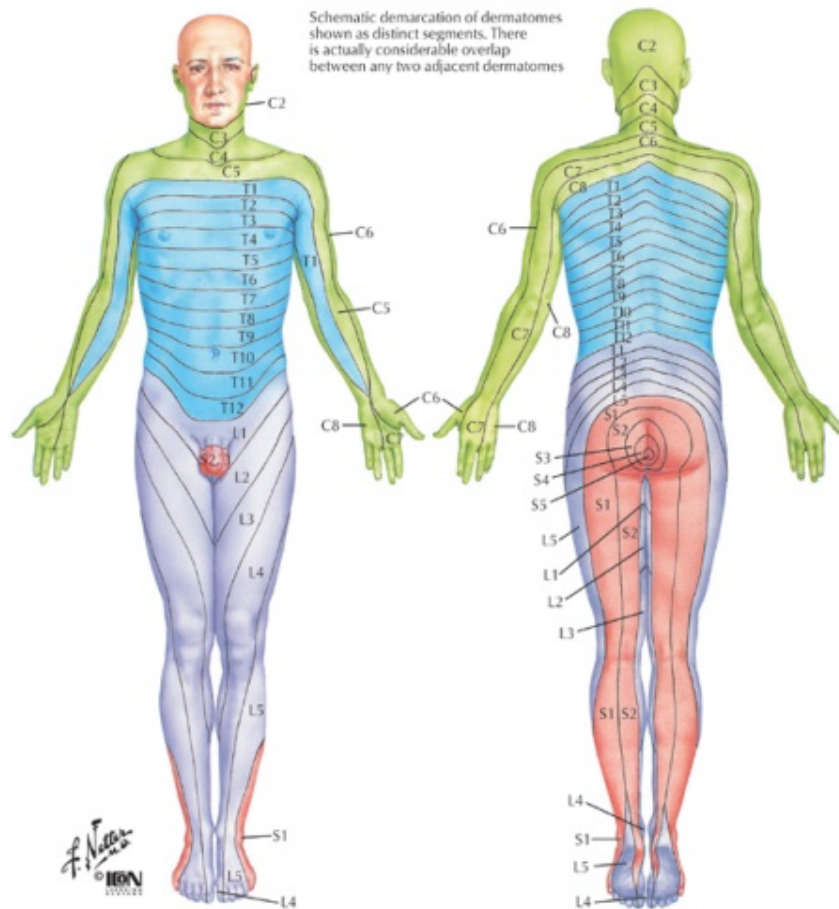
(double click here on header and complete name/date)

Name:

Preferred/Nickname:

Date: / /

Please mark with an X all areas affected or you would like to discuss with the doctor, and be AS DESCRIPTIVE AS POSSIBLE (sharp, dull, achy, etc.)



**Levels of principal dermatomes**

- C5 Clavicles
- C5, 6, 7 Lateral parts of upper limbs
- C8, T1 Medial sides of upper limbs
- C6 Thumb
- C6, 7, 8 Hand
- C8 Ring and little fingers
- T4 Level of nipples

- T10 Level of umbilicus
- T12 Inguinal or groin regions
- L1, 2, 3, 4 Anterior and inner surfaces of lower limbs
- L4, 5, S1 Foot
- L4 Medial side of great toe
- S1, 2, L5 Posterior and outer surfaces of lower limbs
- S1 Lateral margin of foot and little toe
- S2, 3, 4 Perineum