

Name _____

DOB _____

Prior interventions, treatments, medications - What have you done to try and treat this?

X-rays, CT, MRI, ultrasound, blood tests, urinalysis _____

Secondary complaints - Do you have any other symptoms? _____

Comments _____

Do you exercise? Y/N How often? _____ What kind of exercise? _____

Do you smoke? never smoker, former smoker, current everyday smoker, sometimes smoker

Surgeries / Year _____

Fractures / Year _____

Auto Accidents / Year _____

Are you a pregnant woman? Y/N What month? _____ Ages of other children _____

Allergies _____

List all medications you are currently taking and the dosages, including prescriptions, vitamins, etc.

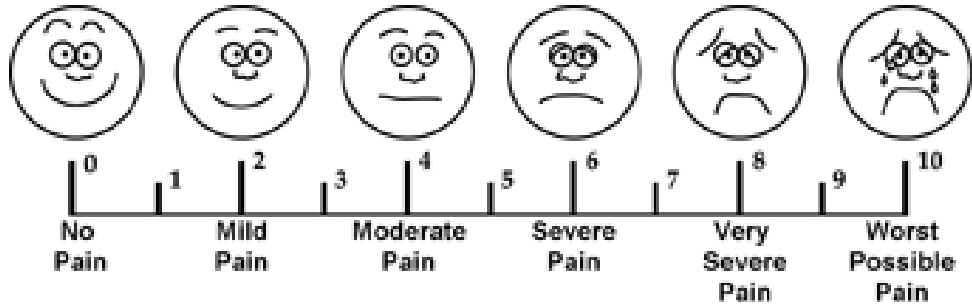
Please circle all the conditions you have had or currently have:

- | | | |
|----------------------------|---------------------------------|-----------------------------|
| Recent infection | Urinary retention | Leg Pain or numbness |
| Recent fever | Persistent cough | Cancer / Tumor |
| HIV/AIDS | Multiple Sclerosis | Osteoporosis |
| Diabetes | Kidney Disease, stones | Asthma |
| Corticosteroid use | Pacemaker | Hepatitis / Liver Disease |
| Arthritis | Tuberculosis | Rheumatic Fever |
| Stroke, give date: | High Cholesterol/ Triglycerides | Irregular moles |
| High blood pressure | Hands/feet: cold or hot | Aortic aneurysm |
| Dizziness, fainting | Stomach ulcer/bleeding ulcer | Severe Menstrual Pain |
| Deafness/Hearing Aid | Prostate problems | Herpes/Shingles/Chicken Pox |
| Pain at night | Frequent urination | Mononucleosis |
| Arm or hand numbness | Abnormal weight gain or loss | Tinnitus |
| Bleeding Disorder | Epilepsy/ Seizures | Rectal Bleeding |
| Migraines/many headaches | Visual Disturbances | Acid Reflux disease |
| Thyroid Disease | Low Back Pain | Shortness of breath |
| Sore that won't heal | Middle Back Pain | Emphysema |
| Irregular Heartbeat/murmur | Neck Pain | |

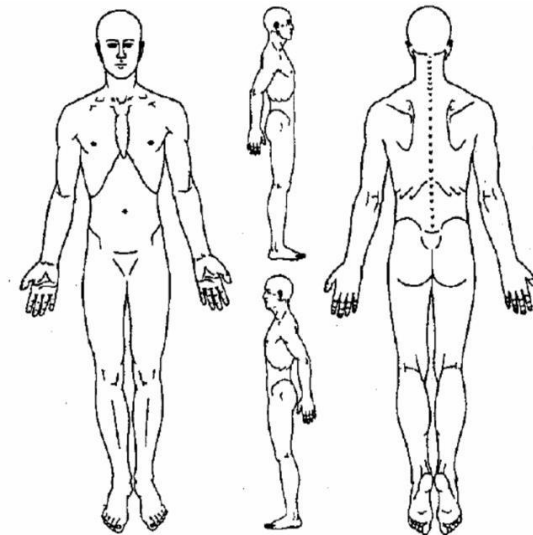
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DOB _____

Please circle the face below to show how bad your pain has been recently:



Please circle your areas of pain:



Please present your current insurance card and photo ID to the receptionist.