



Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Last Physical Examination: \_\_\_\_\_

What is the reason for your visit/current problem? \_\_\_\_\_

Is this a work related injury?  No  Yes If yes, date of injury: \_\_\_\_\_

**Symptoms** Circle Y (Yes) or N (No) for conditions you currently have or have had in the past ONE year

Table with 4 columns: GENERAL, GASTROINTESTINAL, EYE,EAR,NOSE,THROAT, and Men Only/Women only. Rows include symptoms like Chills, Fever, Dizziness, etc., with Y/N response options.

**Conditions** Circle Y (Yes) or N (No) for conditions you currently have or have had in the past ONE year

Table with 4 columns for various medical conditions. Rows include AIDS/HIV, Angina, Anemia, etc., with Y/N response options.

**Medications**

List any you are currently taking/strengths/dosages

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pharmacy \_\_\_\_\_ Phone \_\_\_\_\_

**Medication Allergies**

medications/substances/reactions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have **BACK PAIN**, what percentage of your pain is \_\_\_\_%Back and \_\_\_\_% Leg (Total = 100%).

**What position/activity makes the pain better or worst?**

	BETTER	WORSE	NO CHANGE
Bending			
Coughing/sneezing			
General activity			
Leaning on cart while walking			
Lifting			
Lying Down			
Sitting			
Standing			
Strain			
Walking			

Please list below the **PREVIOUS DOCTORS** (MD, DO, CHIROPRACTOR) you have seen for your main problem as well as your **CARDIOLOGIST**.

Please list any previous neck or back surgeries and whether the procedure was helpful?  
(Please add surgery date/year, surgeon and symptoms prior to procedure)

**How long can you stand with no or minimal pain?** \_\_\_\_\_ minutes

**Walking Distance with no or minimal pain?**

0-50 Feet	
50-200 Feet	
200-500 Feet	
500+ Feet	
½ mile +	

Please indicate which **DIAGNOSTIC TESTS** you have had in evaluation of your main problem/complaint (please include dates of procedure):

TEST	Y/N	DATE	TEST	Y/N	DATE
Plain X-ray			EMG/NCT		
Bone scan			MRI		
CT scan			CT/Myelogram		
Discogram			Other		

Please mark which **TREATMENTS** you have had for your main problem and indicate whether they were helpful.

TREATMENT	+	RELIEF?	TREATMENT	+	RELIEF?
Trigger point injections			T.E.N.S. unit		
Epidural steroid injections			Manipulations		
Physical therapy			Traction		
Electrical stimulation			Aqua therapy		
Ultrasound			Whirlpool		
Heat Packs			Accupuncture		
Cold Packs			Other		
Brace					

**Have you taken any of these drugs previously?**

DRUG	NO	YES	DRUG	NO	YES
Aleve(Naproxyn)			Aspirin		
Bextra			Arthrotec		
Baclofen (Lioresal)			Celebrex		
Darvocet(Propoxyphene)			Daypro		
Demerol (Meperidine)			Dilaudid		
Durgesic Patches (Fentanyl)			Feldene (Piroxicam)		
Flexeril (Cyclobenzaprine)			<u>Ibuprofen (Advil)</u>		
Lortab (Hydrocodone			Methadone		
Motrin			MS Contin		
MS IR (Morpine)			Etodolac (Lodine)		
Norco			Norflex		
Oxycontin			Parafon Forte		
Percodan			Percocet		
Prednisone			Relafen		
Robaxin (Methocarbamol)			Skelaxin (Metaxalone		
Soma (Carisoprodol)			Talwin (Pentazocine)		
Toradol			<u>Tylenol #3</u>		
Vicodin			Ultram (Tramadol)		
Ultracet(Tramadol/APAP)			Zanaflex (Tizanidine)		
Ketoprofen (Orudis)			Roxicet		

Patient Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M F Height: \_\_\_\_\_  
Are you Right Handed or Left Handed?

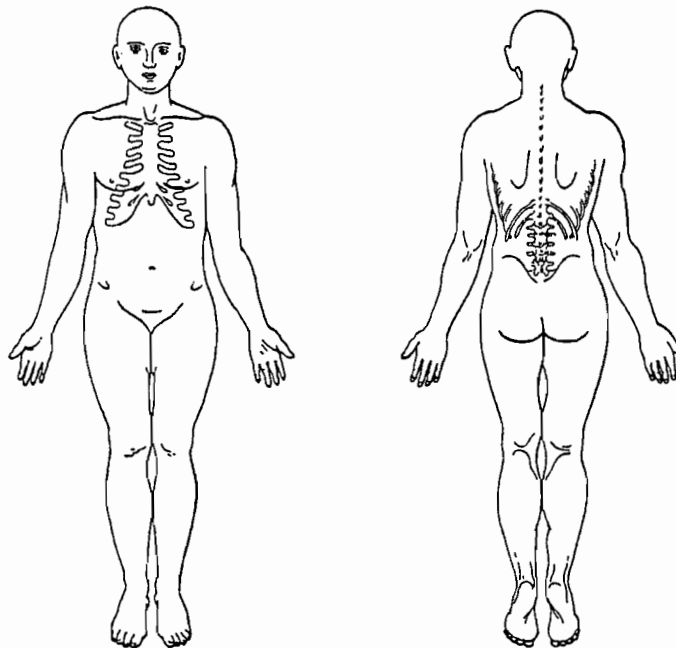
**Is your problem related to a:**

Work Injury? Date of injury:  
Accident? Date of accident:  
Neither:  
Do you have an attorney representing your case?

**Please Briefly Describe your main problem/complaint:**

How long have you had this problem? Has it gotten worse/better/stayed the same since onset?

Using the symbols below, please draw in the location of your symptoms on the diagrams. XXXX = Pain 0000 = Numbness/Tingling \*\*\*\* = Aching



**CIRCLE THE NUMBER INDICATING THE USUAL DEGREE OF PAIN.**

(0 means no pain, and 10 is the worst pain that you have ever felt in your life)

0 1 2 3 4 5 6 7 8 9 10

Least

Worst

If you have **NECK PAIN**, what percentage of your pain is \_\_\_\_\_% Neck and \_\_\_\_\_% Arm (Total = 100%).