

MEDICAL HISTORY

Patients name: _____ Date: ____/____/____

Current symptom(s): _____

When did they begin? _____

Physical limitation(s): _____

Have you had previous treatment for it (explain)? _____

Have you had a recent X-ray, MRI? If yes explain: _____

Have you ever had surgery (explain)? _____

Have you ever had an accident (explain): _____

List of medications: _____

Please check if you ever had or are currently experiencing the following:

PREVIOUSLY	CURRENTLY	CONDITION	PREVIOUSLY	CURRENTLY	CONDITION	PREVIOUSLY	CURRENTLY	CONDITION
		General			Gastrointestinal			Cardiovascular
		Cancer			Nausea			High Blood Pressure
		Diabetes			Vomiting			Low Blood Pressure
		Hepatitis			Belching			Heart Problem
		HIV			Heart Burn			Uro-genital
		Smoking			Diarrhea			Pain On Urination
		Drinking			Constipation			Urgency To Urinate
		Pregnancy			Excessive Gas			Incontinence
		Thyroid Problems			Abdominal Pain			Kidney Stone
		Rheumatoid Arthritis			Kidney Diseases			Kidney Problem
		Other Arthritic Cond.			Head, Ears, Nose Throat			Pelvic Pain
		Osteoporosis			Headache			Impotence
		Osteopenia			Migraine			PMS
		Stroke			Dizziness			Menopause
		Anemia			Grinding Teeth			Premenopausal
		Depression			Jaw Clicking			Endometriosis
		Stress			Concussion			Hysterectomy
		Respiratory			Eye Pain			Other
		Asthma			Cataract			
		Emphysema			Earaches			
		Pneumonia			Facial Pain			

#1 problem:

Location: _____

Nature of the Pain:

- Acute Chronic Severe Dull
- Localized Diffuse
- Tension Ache Pain Spasm Throbbing Pencil And Needles Numbness
- Constant Intermittent
- Other: _____

- Pain scale: min ____/10, max ____/10
- Factor(s) increasing your pain: _____
- Factor(s) decreasing your pain: _____

#2 problem:

Location: _____

Nature of the Pain:

- Acute Chronic Severe Dull
- Localized Diffuse
- Tension Ache Pain Spasm Throbbing Pencil And Needles Numbness
- Constant Intermittent
- Other: _____

- Pain scale: min ____/10, max ____/10
- Factor(s) increasing your pain: _____
- Factor(s) decreasing your pain: _____

USE THE DIAGRAM BELOW TO INDICATE ALL AREAS WHERE YOU ARE EXPERIENCING PAIN.

