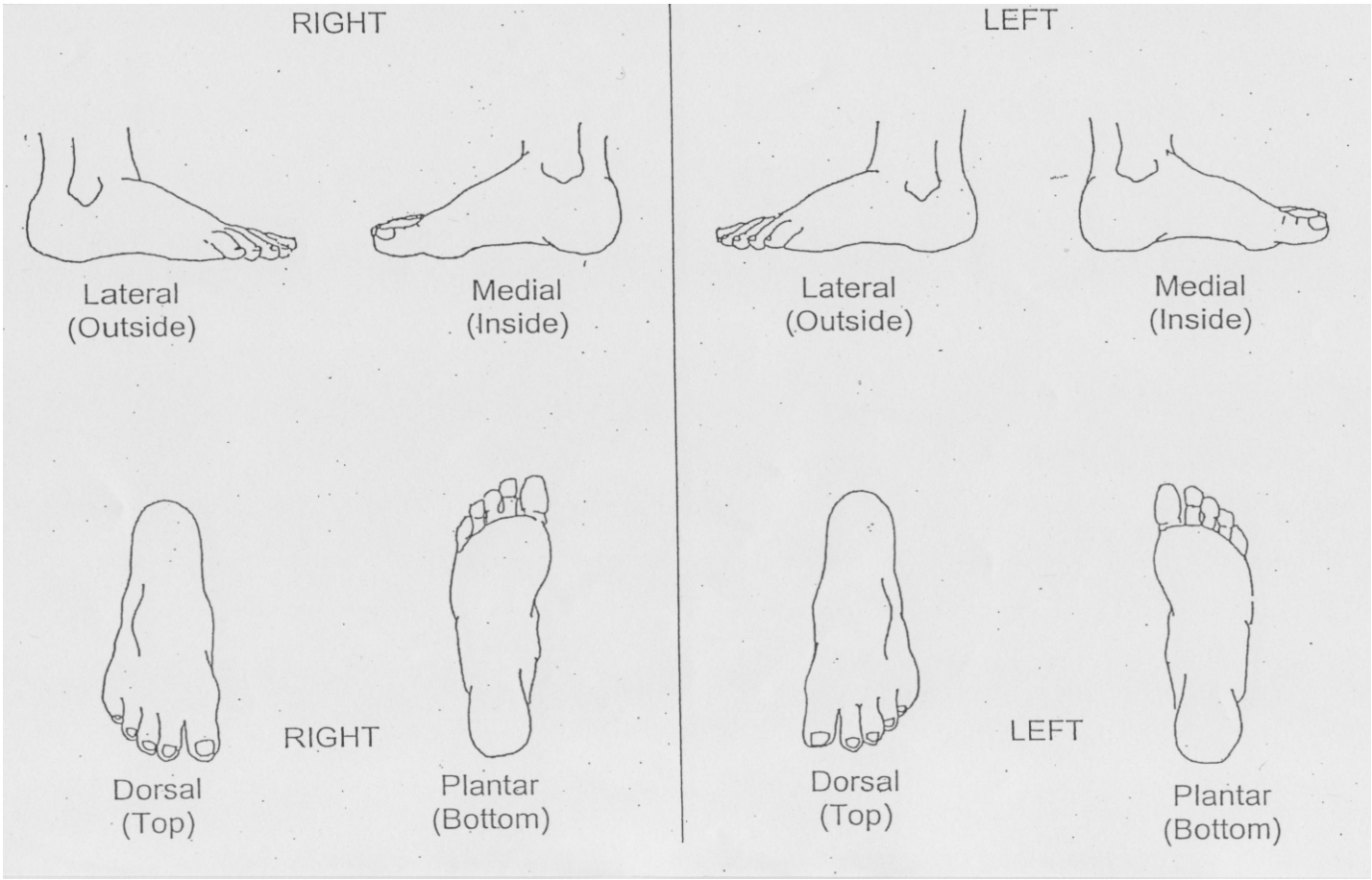
NAME:_____ DATE:_____

PRIMARY CARE PHYSICIAN:_____HOW DID YOU HEAR ABOUT OUR OFFICE?:_____

INDICATE THE AREA OF PRIMARY SYMPTOMS BELOW: xxx = burning, /// = sharp stabbing, (((= aching



MARK 'X' ON THE LINE: No pain ---------- Worst pain imaginable

WHAT MAKES IT BETTER?_____WHAT MAKES IT WORSE?_____

I FEEL IT: ___Constantly ___Daily ___Several times a week ___Several times a month

GETTING: ___Better ___Worse ___Same

HOW LONG HAVE YOU HAD SYMPTOMS? IF SPECIFIC INJURY, DATE OF INJURY AND HOW:_____

_____

Y	N	Workplace injury?	Y	N	Lawsuit involved?
Y	N	Time off work?	Y	N	Previous injury?

WHAT HAVE YOU TRIED FOR IT SO FAR?

Y	N	Doctor:	Y	N	Orthotics/Braces:
Y	N	Medication:	Y	N	Injections:
Y	N	Physical Therapy:	Y	N	Other:

WHAT TYPE OF ACTIVITIES ARE BEING AFFECTED?

Y	N	Home:	Y	N	Running:
Y	N	Work:	Y	N	Recreation:
Y	N	Walking:	Y	N	Other:

ALLERGIES

List all known allergies:_____

_____

PAST MEDICAL HISTORY

What other medical problems do you have?_____

_____

PAST SURGICAL HISTORY

What surgeries have you had?_____

_____

MEDICATIONS

Please list all medications and dose that you take:_____

_____

SOCIAL HISTORY

What do you do for a living?_____Who do you live with?_____

Smoking:___No___Used to___Yes, ___packs per day x ___years / Drinking:___No___Yes, ___drinks per week

FAMILY HISTORY

Any significant medical problems that run in your family?_____

_____

REVIEW OF SYSTEMS: Check all that apply, or check here if all negative_____

Constitutional	Hematologic	Cardiovascular	Respiratory	Gastrointestinal
Weight loss	Blood clots	Chest pain	Short of breath	Heartburn / Reflux
Weight gain	Easy bleeding	Palpitations	Cough	Ulcers
Fevers/chills	Anemia	Fainting	Sleep apnea	Hepatitis
Fatigue		High blood pressure	Smoke cigarettes	Nausea
Hospitalization			Asthma	Vomiting
Musculoskeletal	**Endocrine**	**Neurologic**	**Psychiatric**	**Other**
Joint pain / swelling	Diabetes	Visual changes	Depression	Kidney problems
Muscle weakness	Excessive thirst	Dizziness	Anxiety	UTI
Gout	Thyroid disorder	Balance difficulties	Substance abuse	MRSA
Rheumatoid	Heat intolerance			Metal allergy
Broken bones				