

CURRENT AND PAST MEDICAL HISTORY

NAME: _____ DOB: _____ DATE: _____ WHO REFERRED YOU?: _____

REASON FOR VISIT: _____

DRUG ALLERGIES: NONE

CURRENT MEDICATIONS: NONE SEE ATTACHED

NAME: _____ DOSE: _____ HOW OFTEN: _____ PHYSICIAN: _____
NAME: _____ DOSE: _____ HOW OFTEN: _____ PHYSICIAN: _____
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NAME: _____ DOSE: _____ HOW OFTEN: _____ PHYSICIAN: _____
NAME: _____ DOSE: _____ HOW OFTEN: _____ PHYSICIAN: _____

OTHER ALLERGIES:

- NONE ADHESIVE
- LATEX CONTRAST
- IODINE LIDOCAINE

HISTORY OF PAIN SYMPTOMS

WHERE DO YOU HAVE PAIN? _____

WHAT DOES YOUR PAIN FEEL LIKE? SHARP STABBING DULL SHOOTING CRAMPING ACHING BURNING THROBBING
 NUMB/TINGLING DEVASTATING PRESSURE PULSING LIGHTNING CRAWLING OTHER _____

WHEN DID YOUR PAIN BEGIN? _____

WAS THERE A SPECIFIC CAUSE? _____

IS THERE A CERTAIN TIME OF DAY YOUR PAIN IS WORSE? AM PM OTHER

WHAT MAKES YOUR PAIN WORSE? SITTING STANDING WALKING BENDING TWISTING LYING DOWN COUGHING
 OTHER _____

WHAT MAKES YOUR PAIN BETTER? SITTING STANDING LYING DOWN REST MEDICATION CHANGING POSITIONS
 OTHER _____

DO YOU HAVE ANY OF THE FOLLOWING? NUMBNESS TINGLING WEAKNESS BOWEL INCONTINENCE BLADDER INCONTINENCE

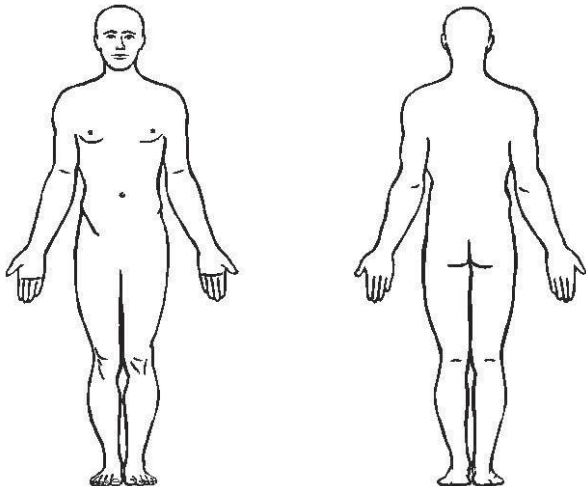
WHAT HAVE YOU DONE TO TREAT YOUR PAIN? _____

PHYSICAL THERAPY NO YES WHEN _____ DID IT HELP? NO YES MADE ME WORSE
CHIROPRACTIC CARE NO YES WHEN _____ DID IT HELP? NO YES MADE ME WORSE
MASSAGE THERAPY NO YES WHEN _____ DID IT HELP? NO YES MADE ME WORSE
ACUPUNCTURE NO YES WHEN _____ DID IT HELP? NO YES MADE ME WORSE
TENS UNIT NO YES WHEN _____ DID IT HELP? NO YES MADE ME WORSE

HAVE YOU HAD BACK OR NECK INJECTIONS BEFORE? NO YES IF SO, WHAT/WHEN? _____

HAVE YOU HAD BACK OR NECK SURGERY BEFORE? NO YES IF SO, WHAT/WHEN? _____

HAVE YOUR SYMPTOMS BEEN GETTING WORSE? NO YES



ON THE DRAWING TO THE LEFT, PLEASE INDICATE WHERE YOU ARE HAVING PAIN BY USING THE SYMBOLS BELOW TO DESCRIBE YOUR SYMPTOMS:

- xxx sharp/stabbing
- +++ aching/dull
- === burning

WHAT IS TODAY'S PAIN: _____/10
AVERAGE PAIN THIS WEEK: _____/10
WORST PAIN THIS WEEK: _____/10
% RELIEF FROM MEDICATION: _____%
PAIN MEDICATION EFFECTIVE: NO YES