

CASE HISTORY

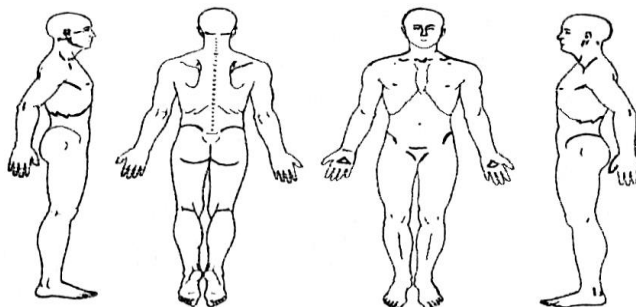
Name: _____ Date: _____

1. What is your present complaint: _____

(Please MARK the figures where you experience pain.)

2. Symptoms are worse in the (circle what applies)

- morning -Increase during the day
- afternoon -same all day
- night -decrease during the day



3. Using a scale, 0 being no pain, 10 being severe pain, where would you rate your current condition: _____

4. Are your symptoms: Constant (76-100%) / Frequent (51-75%) / Occasionally (26-50%) / Intermittently (1-25%)

5. Symptoms are: Sharp / Dull / Burning / Aching / Throbbing / Numbness / Tingling / Pins & Needles / Shooting

6. When did your symptoms begin (onset date)? _____

7. How did your symptoms begin? _____

8. Have you experienced these before? _____

9. Do your symptoms radiate? _____

10. Has your condition? Improved Gotten Worse Stayed the same since it began

11. What makes your problems worse: _____

12. Is there anything you can do to relieve the problems? No Yes Describe: _____

If No, what have you tried that has not helped? _____

13. Have you been treated for this before? No Yes How long ago? _____

14. If you received treatment, where did you go? _____

15. What treatment did you receive? _____

16. Results of previous treatment? Good Poor Comments _____

17. Is this condition interfering with Work Sleep Daily Routine Recreation Social Life

18. List any other major injuries you have had, other than those mentioned above: _____

19. Any other Musculoskeletal problems? No Yes Neurological problems? No Yes

21. What concerns you most about your problem? What does it prevent you from doing? _____

22. What is your Height: _____ Weight: _____

23. Do you smoke? How many packs per day? _____

24. Are you pregnant? How many weeks? _____

25. What do you do outside of work? Any hobbies? _____

26. Did you hear about our office via: Yellow Pages: _____ Online Resource (which one): _____

Your Insurance: _____ Your Doctor (name): _____ Friend/Family (name): _____

Other: _____

I certify that the above information is accurate to the best of my knowledge.

X

SIGNATURE OF INSURED/GUARDIAN

DATE