

**PATIENT MEDICAL HISTORY**

**Name:** \_\_\_\_\_ **Case:** \_\_\_\_\_

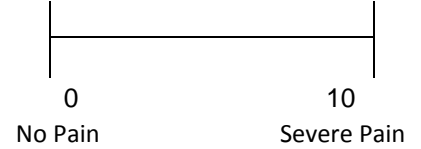
Have you had surgery for this injury?      Yes                      No  
 Type of surgery: \_\_\_\_\_  
 Are you currently taking any prescription medications?      Yes                      No  
 List medications: \_\_\_\_\_

Is this a work / auto injury?      Yes              No      Date of injury: \_\_\_\_\_  
 List any information or health concerns that would assist us in your care.

**Do you now or have you ever had any of the following?**

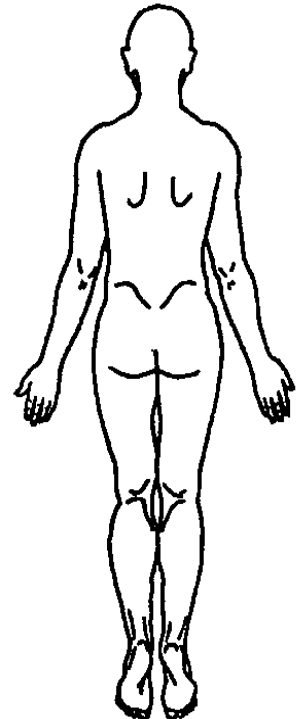
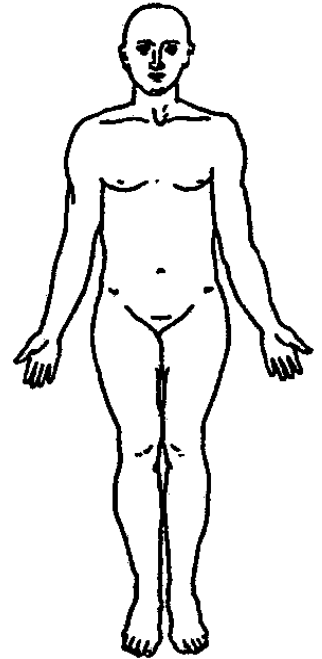
Asthma, bronchitis, or emphysema	Yes _____	No _____
Shortness of breath / chest pain	Yes _____	No _____
Coronary heart disease	Yes _____	No _____
Do you have a pacemaker?	Yes _____	No _____
High blood pressure	Yes _____	No _____
Heart attack/ heart surgery	Yes _____	No _____
Stroke / TIA	Yes _____	No _____
Congestive heart disease	Yes _____	No _____
Blood clot / emboli	Yes _____	No _____
Epilepsy / seizures	Yes _____	No _____
Anemia	Yes _____	No _____
Infectious diseases	Yes _____	No _____
Diabetes	Yes _____	No _____
Cancer / chemotherapy / radiation	Yes _____	No _____
Arthritis	Yes _____	No _____
Osteoporosis	Yes _____	No _____
Sleeping problems or difficulties	Yes _____	No _____
Emotional / Psychological problems	Yes _____	No _____
Increased stress	Yes _____	No _____
Severe or frequent headaches	Yes _____	No _____
Vision / hearing difficulties	Yes _____	No _____
Spinal Surgery	Yes _____	No _____
Numbness or tingling	Yes _____	No _____
Dizziness or fainting	Yes _____	No _____
Bowel or bladder problems	Yes _____	No _____
Weakness	Yes _____	No _____
Weight loss / Energy loss	Yes _____	No _____
Allergies	Yes _____	No _____
Joint replacement surgery	Yes _____	No _____
Other surgery	Yes _____	No _____
Are you pregnant?	Yes _____	No _____
Do you use tobacco?	Yes _____	No _____

Please indicate current pain level



Please indicate what type of pain and where

- ↑ SHARP PAIN
- + NUMBNESS/TINGLING
- \* BURNING
- ACHING



**Patient / Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_