

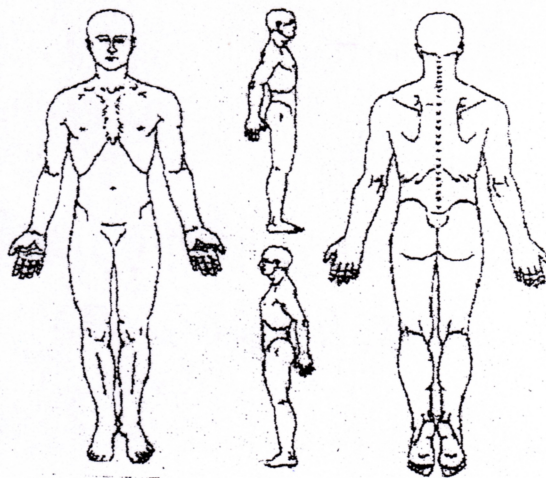
CASE HISTORY

NAME _____ DATE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE _____ CELL _____ S.S.# _____
BIRTHDATE _____ AGE _____ SEX _____ MARITAL STATUS M S W D
SPOUSE'S NAME _____ REFERRED BY _____
PERSON RESPONSIBLE FOR THIS ACCOUNT _____
EMAIL _____
WHAT IS YOUR MAJOR COMPLAINT? _____
HOW LONG HAVE YOU HAD THIS CONDITION? _____
HAVE YOU HAD THIS OR A SIMILAR CONDITIONS IN THE PAST? _____
WHAT ACTIVITIES AGGREGATE THIS CONDITION? _____
MY CONDITION IS GETTING: ___ WORSE ___ BETTER ___ NO CHANGE
IS THIS CONDITION INTERFERING WITH YOUR
___ WORK ___ SLEEP ___ DAILY ROUTINE ___ OTHER _____
ARE YOU TAKING ANY MEDICATIONS? ___ YES ___ NO. IF YES, PLEASE LIST _____
ARE YOU TAKING ANY NON-PRESCRIPTION DRUGS/SUPPLEMENTS? ___ YES ___ NO
IF YES, PLEASE LIST _____
HAVE YOU SEEN ANY OTHER DOCTORS FOR THIS CONDITION? ___ YES ___ NO
DOCTOR'S NAME _____ SPECIALTY _____
DOCTOR'S DIAGNOSIS _____
ARE YOU HAPPY WITH YOUR CURRENT STATE OF HEALTH? ___ YES ___ NO
IF NO, WHY? _____

Please fill in the bubble that corresponds to the pain level that you are experiencing. Note. If you have more than one complaint, please indicate your pain levels for each complaint. Please indicate your pain level for (1) your pain at its worst, (2) your pain right now and (3) your average pain level.

Example: No Pain (0)(1)(2)(3)(4)(5)(6)(7)(8)(9)(10) Worst Possible

- (1) My pain when it is at its worst is: No pain (0)(1)(2)(3)(4)(5)(6)(7)(8)(9)(10) Worst Possible
(2) My pain right now is: No pain (0)(1)(2)(3)(4)(5)(6)(7)(8)(9)(10) Worst Possible
(3) My average pain level is: No pain (0)(1)(2)(3)(4)(5)(6)(7)(8)(9)(10) Worst Possible



A=ACHE
B=BURNING
N=NUMBNESS
P=PINS AND NEEDLES
S=STABBING
O=OTHER _____

I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees fro professional services rendered to me will be immediately due and payable.

Patient's signature (Indicate if parent/guardian) Date

