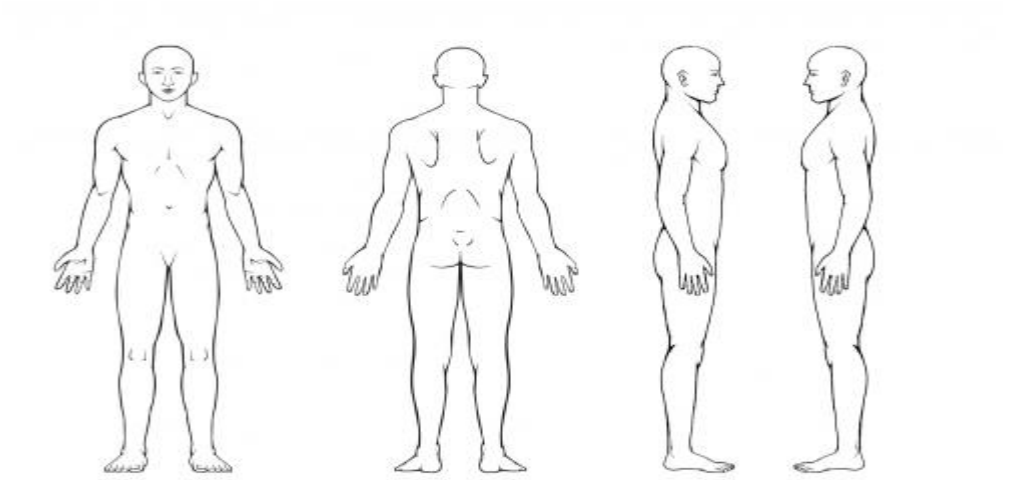
Patient Name: _____ Birth Date: _____

What is the reason for your visit?
Describe your current symptoms:
On the diagram below, shade the areas where you feel pain. "X" the areas where you hurt most



List ALL medication and vitamins you are currently taking	Strength and Frequency of use.	Prescribed By:

List any Allergies or Sensitivities to Medication	Reaction	List any Allergies or Sensitivities to Medication	Reaction

Previous Surgery	Date	Surgeons Name

Previous Inpatient / Outpatient hospitalization(s) – Not involving surgery	Reason

Please Check ALL of the following that you have had:	☐ X-Ray ☐ MRI ☐ CT ☐ EMG ☐ Myelogram ☐ Bone Scan

For any exams checked, please provide where and when they were performed

Please check any of the following substance(s) you use:	☐ Alcohol	☐ Caffeine	☐ Tobacco	☐ Illicit Drugs
What form, how much and how often?				

PLEASE CHECK ANY ILLNESSES AND / OR CONDITIONS YOU HAVE or HAD IN THE PAST YEAR			
☐ Abnormal Bleeding	☐ Diabetes – type _____	☐ High Cholesterol	☐ Psychiatric Care
☐ Anemia	☐ Emphysema	☐ Intestinal Disease	☐ Recent Infection
☐ Artificial Joints	☐ Epilepsy or Seizures	☐ Kidney Disease	☐ Rheumatic Fever
☐ Asthma	☐ Glaucoma	☐ Liver Disease	☐ Respiratory Disorder
☐ Bi-Polar Disorder	☐ Heart Attack	☐ Lung Disease	☐ Scoliosis
☐ Bleeding Disorders	☐ Heart Disease	☐ Migraine Headaches	☐ Seizure Disorder
☐ Cancer – type _____	☐ Heart Valve Disease	☐ Multiple Sclerosis	☐ Stroke
☐ Chemotherapy	☐ Hepatitis – type _____	☐ Pacemaker	☐ Valley Fever
☐ Chemical Dependency	☐ Hemophilia	☐ Panic Attacks	☐ Vaginal Injections
☐ Cough (persistent)	☐ Hernia	☐ Prior Injury	☐ Venereal Disease
☐ Depression Disorder	☐ High Blood Pressure	☐ Prosthesis	

PLEASE CHECK ANY ILLNESSES AND / OR CONDITIONS WHICH HAVE OCCURRED IN BLOOD RELATIVES			
☐ Arthritis	☐ Asthma	☐ Cancer – type _____	☐ Chemical Dependency
☐ Diabetes	☐ Epilepsy / Seizures	☐ Heart Disease / Stroke	☐ High Blood Pressure
☐ Kidney Disease	☐ Migraine Headaches	☐ Psychiatric Disorder	☐ Tuberculosis

WHAT IS THE HEALTH STATUS OF YOUR IMMEDIATE FAMILY MEMBERS?		
Father	☐ Living Age: _____	☐ Deceased – Age at death: _____ Cause:
Mother	☐ Living Age: _____	☐ Deceased – Age at death: _____ Cause:
Brother(s)	☐ Living Age: _____	☐ Deceased – Age at death: _____ Cause:
Sister(s)	☐ Living Age: _____	☐ Deceased – Age at death: _____ Cause: