

Name _____

PATIENT HISTORY

Date _____

Are you taking any medication? Type: pain killers, aspirin, muscle relaxers, vitamins, birth control pills: _____

Have you had surgery? Type and date: appendectomy _____, tonsillectomy _____, other: _____

Have you had a spinal tap, spinal injection, spinal anesthetic? _____

Have you ever been in a car accident, or had a whiplash-type injury to your neck, when? _____

Have you ever strained your back from lifting or bending, when? _____

Have you ever injured yourself from a bad fall, when? _____

Have you ever broken any bones (arms, legs, etc.), when? _____

Do you have a family history of back problems, relation? _____

If you have lowback pain, when did it begin? _____, How? _____

Located on the right, left, middle. Does it extend into the buttock, thigh, knee, calf, ankle, foot, toes? Is it aggravated by coughing, sneezing, straining at the stool, bending and lifting, sitting, other: _____?

Is the pain into the right, left, alternating legs? Did the leg pain come before, after, simultaneous with the lowback pain?

MALE ONLY: Do you (N) now have, or have you had in the (P) past, prostate trouble, testicle pain, impotency? _____

FEMALE ONLY: Date of your last menstrual period: _____. Is there any chance that you are now pregnant? _____. Signature: _____

Do you have difficulty (N) now, or have you had in the (P) past, with any of the following?

GENERAL SYMPTOMS:

 headaches
 numbness or pain in arms,
 shoulders, legs, feet
 dizziness
 weight
 fever
 fainting
 nervousness
 difficulty sleeping
 memory loss
 arthritis
 convulsions
 wheezing
 fatigue

RESPIRATORY:

 chronic cough
 spitting up phlegm
 chest pain
 difficult breathing
 high blood pressure
 low blood pressure
 previous heart attack
 hardening of arteries
 swelling of ankles
 poor circulation
 stroke
 rapidly beating heart
 slowly beating heart

CARDIOVASCULAR:

MUSCLE & JOINT:

 stiff & sore neck
 lowback pain
 leg pain (sciatica)
 pain between shoulder blades
 general back ache
 shoulder pain
 hand or wrist pain
 numbness in hands
 knee pain
 foot pain or trouble
 painful tailbone
 hernia
 itching
 eruptions
 rashes
 bruise easily
 varicose veins
 excessive dryness
 scaling
 blood in urine
 kidney infection
 kidney stones

GASTROINTESTINAL:

 poor appetite
 indigestion
 belching or gas
 nausea or vomiting
 pain over stomach
 constipation
 diarrhea
 hemorrhoids
 liver trouble
 gall bladder trouble
 colitis
 ulcers

FEMALE:

 painful menstrual periods
 excessive menstrual flow
 hot flashes
 irregular menstrual cycle
 menstrual cramps
 menstrual backache
 menopausal symptoms
 lumps in breasts
 miscarriage
 painful breasts
 vaginal discharge
 vaginitis

DISEASES:

 pneumonia
 rheumatic fever
 polio
 tuberculosis
 diabetes
 cancer
 heart trouble
 goiter
 appendicitis
 epilepsy
 bed wetting
 prostate trouble

EYE, EAR, NOSE, THROAT:

 eye pain
 failing vision
 deafness
 earaches
 ear noises
 ear discharge
 nose bleeds
 nasal obstruction
 sore throat
 tonsillitis
 nasal drainage
 sinus infection
 hoarseness
 swollen glands
 thyroid trouble
 asthma
 hayfever or allergies
 frequent colds
 toothache

GENITOURINARY:

 frequent urination
 painful urination
 difficult urination

OTHER: