

CONFIDENTIAL PATIENT CASE HISTORY

PERSONAL INFORMATION

Today's Date _____ Name _____ Birthday _____ Sex MF

Address _____ City _____ State _____ Zip _____

Best Phone Number _____ E-Mail _____

Emergency Contact _____ Phone _____ Relationship _____

Employer _____ What type of work do you do? _____

Who referred you to Dr. Bassett? _____

HOW CAN WE HELP YOU?

What is your major complaint? _____

When did it start? _____

What was the cause? _____

What makes it worse? _____

What makes it better? _____

What does it feel like? (Burning, numbing, achy etc) _____

Does it radiate anywhere? (Y / N) _____

Is there a timing (Mornings, Evenings, when sleeping etc) _____

What are you no longer able to do because of this condition? _____

Is this condition: Improved Unchanged Getting Worse

Other doctors or therapists who have treated THIS condition _____

List any Imaging (X-ray, MRI etc) _____

YOUR SYMPTOMS

MARK THE AREAS OF YOUR SYMPTOMS ON THE FIGURE TO THE RIGHT.

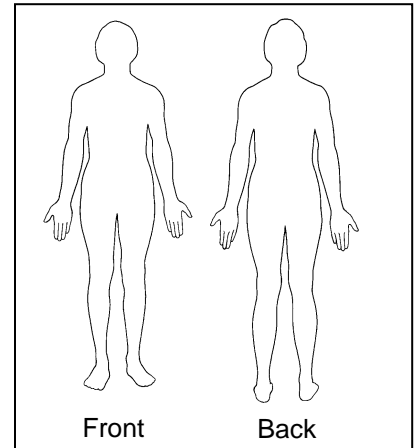
MARK AN "X" ON THE LINES

How bad are your symptoms now?

 None Most Severe

How bad have they been in the past?

 None Most Severe



YOUR HEALTH HISTORY

List any spinal or joint surgery with date _____

List current health conditions under treatment _____

Current primary physicians' name _____

Current primary physicians' phone _____

As a courtesy, and with your permission, we will update your Primary Care physician regarding your treatment Y___N___

Current medications _____

YOUR SIGNATURE

All information that I have provided accurately represents my condition. Any omissions or errors are my responsibility.

Signature _____ Date _____

Parent/Guardian _____ Date _____