About Your Condition

What is your Major Complaint and what do you believe caused it?

_____

Is your problem due to an accident? []No []Yes []Home []Work []Auto []Other

How long have you had this condition? _____

Have you had this or similar problem before? []No []Yes When _____

Is your condition getting progressively worse? []No []Yes []Same []Varies

What treatments have you tried thus far? _____

What things aggravate your problem? _____

What things relieve your condition? _____

Is your problem interfering with your []Work []Sleep []Daily Routine []Play

What is the quality or character of your pain? _____

Does your pain radiate to any other area? _____

What is the exact location of your pain? _____

Is your pain worse []when you get up in the morning []at the end of the day

Other Doctors who have treated you for this condition and when?

_____

Date and place of any recent back or neck x-rays _____

Medications you now take []Nerve pills []Pain pills []Muscle relaxer []V & M

[]Blood Pressure Meds []Insulin []Birth Control []Hormones []Thyroid []Other

Any current or ongoing illnesses? _____

Operations/Hospitalizations and years _____

List any allergies or sensitivities _____

Any dietary restrictions/food intolerances _____

Do you smoke? []No []Yes How much? _____ ppd For how long? _____pk yrs

Do you exercise? []No []Yes How much & what kind? _____

Age of mattress _____ Waterbed []Yes Special Neck Pillow []No []Yes

Which position do you sleep in? []Back []Right side []Left side []Stomach

Are you wearing: []Heel lifts []Sole lifts []Arch Supports []Orthotics

Have you been in an auto accident: []Past year []Past 5 years []Ever []No

Have you been injured at work: []Past year []Past 5 years []Ever []Never

Have you been diagnosed with arthritis? []No []Yes By Whom? _____

Any family members with back or neck trouble? []No []Yes Who? _____

Have you ever had any mental or emotional disorders? []No []Yes When? _____

I certify that the above information is true and correct as far as I know.

SIGNATURE _____ DATE _____

- Please return completed, signed form to receptionist -