PATIENT CASE HISTORY

HISTORY OF CURRENT CONDITION

Describe Major Complaint: _____

Describe any Secondary Complaints:_____

Describe WHEN and HOW this began:_____

_____

_____

Grade/Severity of Complaint: None (0) / Mild (1-2) / Mild-Mod (2-4) / Moderate (4-6) / Mod-Severe (6-8) / Severe (8-10)

Quality of complaint/pain: Sharp / Stabbing / Burning / Achy / Dull / Stiff & Sore / Other: _____

How frequent is the complaint present? Constant / Frequent / Intermittent / Occasional

Does this complaint radiate/shoot to any areas of your body? No / Yes (Describe) _____

Head- Base of Skull/Forehead/Sides-Temple R/L/Both

Leg- Hip/Thigh-Knee/Calf/Foot-Toes R/L/Both

Arm- Across Shoulder/Elbow/Hand-Fingers R/L/Both

Other Area: _____

Does anything make the complaint better? Ice / Heat / Rest / Movement / Stretching / OTC / Other: _____

Does anything make the complaint worse? Sit / Stand / Walk / Lying / Sleep / Overuse / Other: _____

Which daily activities are being affected by this condition? (*Describe*) _____

For this CURRENT condition, have you:

- **Received any other treatment?** None/DC/MD/PT/Massage/ER/Other: _____**Where?** _____
- **Had any diagnostic testing?** X-Rays/MRI/CT/Other: _____**When/Where?** _____

HEALTH HISTORY *(PLEASE USE THE REVERSE SIDE OF THIS PAGE IF ADDITIONAL SPACE IS NEEDED)*

Medications and Supplements:

Allergies to Medications

Name	**Reaction**
1._____	
2._____	
3._____	

Current Medications & Supplements:

1._____
2._____
3._____
4._____

Surgeries

Date: _____Type:_____
Date: _____Type:_____
Date: _____Type:_____

List relevant health problems of relatives:

Problem	**Parent (M/F)**	**Sibling (B/S)**
1._____		
2._____		
3._____		

Social and Occupational History:

Smoking: Y/N Frequency:_____
Tobacco: Y/N Frequency: _____
Alcohol: Y/N Frequency: _____
Caffeine: Y/N Frequency: _____

Major Injuries/Traumas/Hospitalizations

Date:_____Describe:_____
Date:_____Describe:_____
Date:_____Describe:_____

Do you exercise? Y / N Frequency: _____

Number of falls in the last 24 months: _____