

Which of the following relieves your condition?

- Sitting down Walking Lying down Massage Moist heat/Hot shower
 Ice Sleeping Exercise Stretching

Medications _____

Other _____

Is this condition Getting worse Getting better Constant Coming and going

Which of the following professionals have you sought treatment for this condition?

- Family physician Neurologist Neurosurgeon Psychiatrist Chiropractor
 Physical Therapist Massage Therapist Accupuncturist Epidural/Nerve block
 Orthopedist/Orthopedic Surgeon Other _____

Please describe what treatment, if any, provided relief for this condition & how long did it last _____

Are you taking blood thinning agents? Yes No

PREVIOUS SURGERIES/HOSPITALIZATIONS

1. Reason _____ Date _____

2. Reason _____ Date _____

3. Reason _____ Date _____

4. Reason _____ Date _____

PREVIOUS ORTHOPEDIC PROBLEMS

Arthritis
Where _____ Date _____

Torn ligaments / Tendonitis / Bursitis
Where _____ Date _____

Fractures
Where _____ Date _____

Extremities (Shoulder, Elbow, Knee, Hip, etc.)
Where _____ Date _____

Accidents (MVA, WCB, Falls, etc.)
Where _____ Date _____

FAMILY HISTORY

Father Age _____ Alive/Well Died _____ Illness/Cause of Death _____

Mother Age _____ Alive/Well Died _____ Illness/Cause of Death _____

Brothers 1 2 3 4 Serious illnesses, if any _____

Sisters 1 2 3 4 Serious illnesses, if any _____

Any other family members with similar condition _____

PERSONAL HISTORY

Number of cigarettes daily Currently _____ Age started _____ In the past _____

If you currently smoke would you like to quit? _____

Alcohol consumption Denies use _____ Per week

Caffeine consumption _____ Cups per day _____ Per week

Substance abuse Yes No

MEDICAL HISTORY

General Symptoms Recent weight loss/gain Blurred vision Headache Fainting

Loss of sleep Nervousness Fatigue Dizziness

Other _____

Endocrine Diabetes Parathyroid Gout Liver Thyroid Pituitary Other _____

Have you ever been prescribed Prednisone? Yes No