CONFIDENTIAL HISTORY FORM

In order to give you the highest quality care, please take a few minutes to complete the following questions about your MEDICAL HISTORY. This will become part of your permanent medical record. Thank you.

Name _____ Date: _____

CURRENT COMPLAINTS:
□ Headaches □ Neck Pain □ Arm Pain □ Arm/Hand Numbness □ Mid Back Pain □ Chest Pain □ Low Back Pain
□ Buttock Pain □ Hip Pain □ Leg Pain □ Leg/Foot Numbness □ Other: _____

ONSET (How did your pain start?): □ Unknown □ Woke-up with it □ Bending □ Twisting □ Slip/Fall □ Accident

Explain:_____
_____
_____

PAST MEDICAL HISTORY: Please check each box if you have had the following problems:

□ Angina	□ Angioplasty	□ Arrhythmia	□ Arthritis	□ Asthma	□ Bypass
□ Cancer –Where?	_____		□ Diabetes	□ Dialysis	□ Diverticulosis
□ Emphysema	□ Hypertension	□Headaches	□ Heart Attack	□ Heart Disease	□ Heart Failure
□ Hemophilia	□ Hemorrhoids	□ High Cholesterol	□ Impotence	□ Kidney Stone	□ Kidney Prob.
□ Leg Swelling	□ Liver Problems	□ Murmur	□ Obesity	□ Pacemaker	□ Pass out
□ Pneumonia	□ Reflux	□ Rheumatic fever	□ Rheumatoid	□ Sleep Apnea	□ Stroke
□ Surgeries:	_____			□ Thyroid	□ Tuberculosis
□ Ulcer	□ Varicose Veins	□ Other:	_____		

FAMILY MEDICAL HISTORY:

Mother:	Age: _____	( ) Living	( ) Deceased
Father:	Age: _____	( ) Living	( ) Deceased
Siblings:	Age: _____	( ) Living	( ) Deceased

Please check each box with if any family member (mother, father or siblings) has had any of the following:

□ Angina	□ Angioplasty	□ Arrhythmia	□ Arthritis	□ Asthma	□ Bypass
□ Cancer –Where?	_____		□ Diabetes	□ Dialysis	□ Diverticulosis
□ Emphysema	□ Hypertension	□Headaches	□ Heart Attack	□ Heart Disease	□ Heart Failure
□ Hemophilia	□ Hemorrhoids	□ High Cholesterol	□ Impotence	□ Kidney Stone	□ Kidney Prob.
□ Leg Swelling	□ Liver Problems	□ Murmur	□ Obesity	□ Pacemaker	□ Pass out
□ Pneumonia	□ Reflux	□ Rheumatic fever	□ Rheumatoid	□ Sleep Apnea	□ Stroke
□ Surgeries:	_____			□ Thyroid	□ Tuberculosis
□ Ulcer	□ Varicose Veins	□ Other:	_____		

CURRENT MEDICATIONS: Please list all current medications below or provide us with a list of medications

Name of Medicine	Strength	Dosage