

SOME QUESTIONS TO HELP US HELP YOU

NAME: _____ DATE: _____

What bothers you most, be specific and accurate as possible:

How long? _____

What caused the problem? Give date, describe accident or illness: _____

Is the pain localized to one area? YES NO From where to where? _____

What aggravates your conditions? _____

What relieves it? _____

What other doctors have seen your condition? _____

List any previous significant injuries (slips, falls, auto accidents, etc.) and give dates:

Have you had any previous back trouble? YES NO If yes, describe and give dates: _____

Do you ever have numbness, tingling or pain in the arms or legs? _____

List any significant illnesses: _____

List all operations or hospitalizations (Give dates): _____

Are you taking any medications? YES NO If yes, for what? _____

Do you use alcohol, tobacco, or recreational drugs? What, how much & how often? _____

List any allergies: _____

Are you currently under a doctor's care? YES NO If yes, for what? _____

Do any diseases run in your family? _____

Are you looking for temporary relief or do you want the cause of your problem fully corrected? _____

What activities or hobbies have you been unable to do because of your problem? _____

