Medical Conditions: (Circle all that apply to you)

Arthritis	Cancer	Diabetes	Heart Disease
Hypertension	Psychiatric Illness	Skin Disorder	Stroke
Osteoporosis	Fibromyalgia	Asthma	Other_____

Surgeries: (Circle all that apply to you)

Appendectomy	Cardiovascular procedure	Cervical spine	Hysterectomy
Joint Replacement	Prostate	Lumbar spine	Gall Bladder
Brain	Shoulder	Thoracic spine	Knee
Carpal Tunnel	Gastro-intestinal	Bladder/Kidney	Hernia
Breast Augmentation	Wisdom Teeth/Oral	Other _____	

Allergies: (Circle all that apply to you)

Mold	Seasonal	Milk or Lactose	Latex	Nuts (All types)
Chemical _____		Wheat/Glutens	Other _____	

Social History: (Circle all that apply to you)

Caffeine use:	occasional	often	never
Drink Alcohol:	occasional	often	never
Exercise:	occasional	often	never
Cigarettes:	<1 pack/day	>1 pack/day	never
Sleep:	4-6 hours/night	7-more hours/night	Insomnia
Other _____			

Family History: (Circle all that apply)

Arthritis:	Parent	Sibling
Cancer:	Parent	Sibling
Diabetes:	Parent	Sibling
Heart Disease	Parent	Sibling
Hypertension	Parent	Sibling
Stroke	Parent	Sibling
Thyroid	Parent	Sibling
Other _____		

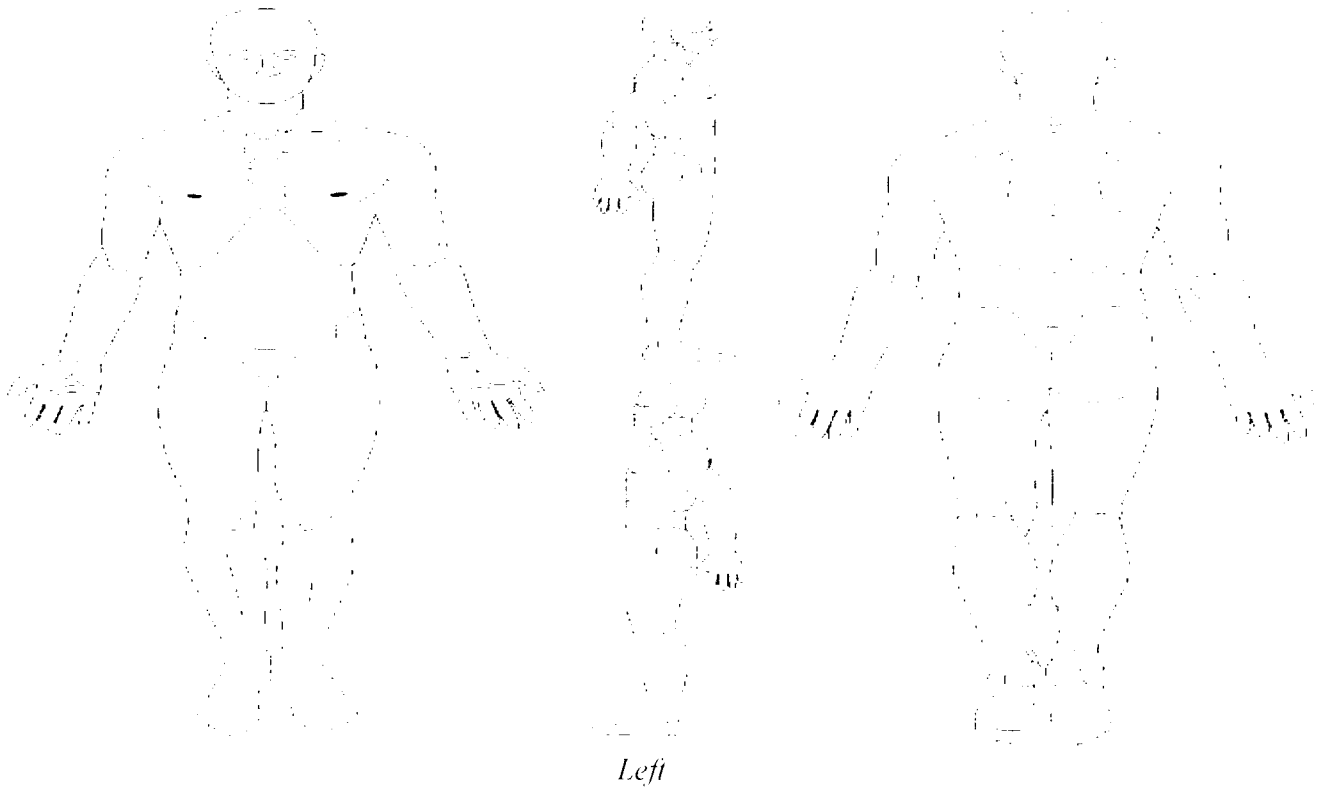
Patient Name_____**Date**_____

Patient Name_____ **Date**_____

Using the key below, indicate on the body diagram where you are experiencing the following symptoms:

N=Numbness **B=Burning** **S=Sharp** **T=Tingling** **A=Dull Ache**

Right *Left* *Right* *Left* *Right*



Left

Average Pain Intensity:

Last 24 hours: no pain 0 1 2 3 4 5 6 7 8 9 10 worst pain

Past week: no pain 0 1 2 3 4 5 6 7 8 9 10 worst pain

When did your symptoms begin? _____

What improves your symptoms? _____

Are your symptoms a result of: Motor Vehicle Accident Work related Accident Other____

How did your symptoms begin? _____

_____

How often do you experience your symptoms?

Constantly	Frequently	Occasionally	Intermittently
(76-100% of the day)	(51-75% of the day)	(26-50% of the day)	(0-25% of the day)

What describes the nature of your symptoms?

Sharp	Ache	Numb	Shooting
Burning	Tingling	Throbbing	Other ____