

New Patient History

Current Condition

1. Do you have a main complaint? If yes, what is it?

2. When did you first notice your symptoms? What happened?

3. What helps your condition?

4. What aggravates your condition?

5. Is your pain sharp or dull?

6. Do you have any numbness, pins and needles, or tingling in your arms or legs?

7. Where is your pain located?

8. Is your pain constant or does it come and go?

9. Have you seen another doctor for this condition in the past 3 years?

10. Do you have any pain or problems with your: jaw, hands, wrists, elbows, shoulders, hips, knees, ankles, and/or feet?

11. Please list any prescriptions or supplements you have taken in the past six months.

Past Medical History

1. When was your last car accident?

2. Have you been hospitalized or had any injuries in the past 3 years?

Social and Family History

1. Do you smoke, use recreational drugs, or alcohol?

2. Do you have a family history of: arthritis, diabetes, hypertension, stroke, heart disease, cancer, and/or any other disease or condition?
