| Print in Color or Using Adobe Acroba | | | Please ans | ent Hist | question | | | itten responses d <u>MANUALLY</u> . | |
|---|-------------------------|-------------------------|-----------------------|---------------|--------------|---------------|-------------------------|--|----------|
| Marking Please use a # 2 pencil Fill in the complete oval a | Instruction | ns • | | RINT PATIENT' | | PATIEN | IT'S DATE OF | BIRTH Year | |
| What is your email ad Reason for today's vis | | | | | | | | | _ |
| Type of problem | | | | | | | | | _ |
| for all second | pain | | - | ain / strain | | weakn | | - 41 | |
| tracture (Location of your injury | (broken bone) | \bigcirc | swe | lling (new) | <u> </u> | nbness / ting | ling 🔘 | other | rC |
| Location of your injury | right | left | bilateral | | | right | left | bilateral | |
| collar bone | | | | | hip | - | | | |
| shoulder | $\overline{\mathbf{O}}$ | $\widetilde{\bigcirc}$ | \widetilde{O} | | thigh | | $\overline{\mathbf{O}}$ | $\widetilde{\bigcirc}$ | |
| upper arm | \bigcirc | Õ | $\overline{\bigcirc}$ | | knee | | $\overline{\mathbf{O}}$ | \bigcirc | |
| elbow | $\overline{\bigcirc}$ | $\overline{\bigcirc}$ | $\overline{\bigcirc}$ | | lower leg | Õ | $\overline{\mathbf{O}}$ | $\overline{\bigcirc}$ | |
| lower arm | \bigcirc | \bigcirc | \bigcirc | | ankle | | \bigcirc | \bigcirc | |
| wrist | \bigcirc | \bigcirc | \bigcirc | | foot | \bigcirc | \bigcirc | \bigcirc | |
| hand | \bigcirc | \bigcirc | \bigcirc | | toes | \bigcirc | \bigcirc | \bigcirc | |
| fingers | \bigcirc | \bigcirc | \bigcirc | | back pain | | \bigcirc | \bigcirc | |
| pelvis | \bigcirc | \bigcirc | \bigcirc | | neck pain | \bigcirc | \bigcirc | \bigcirc | |
| O other | DN | | | | | | | | _ |
| Is the pain: | occasional | \bigcirc | contin | iuous 🔿 | n/a | \bigcirc | | | |
| Is the pain: | improving | | worse | ening 🔵 | unchanged | <u>с</u> с | omes and g | goes 🔵 n/a | a (|
| What time of day is yo | | | | | | | | | |
| | fternoon 🔵 | | evening 🔵 | | night time 🔵 | all | day 🔿 | n/a | |
| Do you wake up at nig | | | yes | \bigcirc | no 🔵 | | | | |
| What makes your pair | medication | | exercise | \bigcirc | sitting 🔵 | | rest 🔵 | elevatior | |
| | walking | | standing | | | | eat 🔵 | n/a | |
| ph | ysical therapy | | massage | | | | | 170 | |
| Pri Pri | | $\overline{\mathbf{O}}$ | sleeping | | Other | | | | _ |
| What makes your pair | | \sim | | | | | | | |
| | yment / work | | running | | squatting 🔵 | bend | ling 🔵 | kneeling | 3 < |
| sitting for long p | | | driving | | | | | n/a | |
| standing for long p | | | walking | | | | | | |
| | weather | \bigcirc | sleeping | \bigcirc | Other | | | | - |
| INJURY CONDITIO | | | | | | | | | |
| | | | | | | | | | - |
| | | | work | | ublic 🔵 | auto 🔵 | school | 🔵 other | _ r (|
| Where did it happen? | ł | nome 🤇 | > work | U P | | | 3011001 | | · · |
| Where did it happen? Are you claiming this | | | yes | - | | | School | other | |

Print in Color or Grayscale Only

Patient History

STAFF: Handwritten responses

| PREVIOUS TREATMEN | NT | | | | |
|--|---|---|---|--|---|
| ave you been seen by ar | ny other doctor fo | r this injury / conditi | on? ves | o no o | |
| yes, which type of doct | | | yes | | |
| ortho 🔵 | family N | MD 🔵 | occ med 🔵 | chiropractor 🔵 | other 🔵 |
| Vhen did you see the oth | ner doctor? (If ap | plicable) | | | |
| in last month 🔵 | 1-3 mon | ths 🔵 3-6 | i months 🔵 | 6-12 months 🔵 | over 1 year 🔵 |
| ave you had any of the f | | - | | | |
| x-rays 🔵 | | MRI 🔵 | bone scan 🔵 | other 🔵 | |
| ave you received any of | - | - | | | |
| | injection 🔵 | If yes, did it help? | yes 🔵 | no 🔵 | |
| | edications O | If yes, did it help? | yes 🔵 | no 🔵 | |
| physic | al therapy 🔵 | If yes, did it help? | yes 🔵 | no 🔿 | |
| | surgery O | If yes, did it help? | yes 🔵 | no 🔿 | |
| ave you had any previou | NONE O | uny to this area? | 201 | no 🔿 | |
| ave you had any previot | us announcy of mju | iry to this area? | yes 🔵 | no 🔵 | |
| yes, please describe: | | | | | |
| | | | | | |
| OCIAL HISTORY | | | | | |
| /hat is your occupation? | • | | | | |
| /hat is your marital statu | | | | | |
| single 🔵 | | ied 🔵 | divorced 🔵 | separated 🔵 | widowed 🔵 |
| /ho are you living with? | (Mark all that ap | iply) | | | |
| spouse / partner 🔵 | pare | nts 🔵 | siblings 🔵 | | nursing home 🔵 |
| alone 🔵 | frier | nds 🔵 | children 🔵 | retireme | ent community 🔵 |
| ow many children do yo | | 0 < | | ○ 3 ○ 4 ○ | |
| /hat is your primary lang | | English 🤇 | ⊃ Sp | anish 🔿 ot | ther 🔿 |
| ow would you describe | | | | | |
| | | | | | 112 2 - |
| | asian 🔵 | Arrican A | merican O | | Hispanic O |
| Native Ame | rican 🔵 | | Asian 🔵 | u have none of these - | other 🔵 |
| Native Ame lease indicate if you hav | rican 🔵 e a pacemaker, he | earing aid, or metal ir | Asian 🔵 | u have none of these, n | other 🔵 |
| Native Amer lease indicate if you hav pacemaker | rican or a pacemaker, he me | earing aid, or metal in | Asian A your body. (If yo | u have none of these, n | other 🔵 |
| Native Amer lease indicate if you hav pacemaker hearing aid | rican original for the second se | earing aid, or metal in tal NE I | Asian 🔵 | u have none of these, n | other 🔵 |
| Native Amer lease indicate if you hav pacemaker hearing aid lease describe your cigat | rican or re a pacemaker, he me NO rette smoking stat | earing aid, or metal in etal NE I cus. | Asian | | other nark "NONE.") |
| Native Amer lease indicate if you hav pacemaker hearing aid lease describe your cigat currently (every | rican re a pacemaker, he me NO rette smoking stat day) | earing aid, or metal in etal | Asian a your body. (If yo f yes, where? anys) | u have none of these, n in the past ide number you previou | other nark "NONE.") never |
| Native Amer ease indicate if you hav pacemaker hearing aid ease describe your cigat currently (every | rican re a pacemaker, he me NO rette smoking stat day) | earing aid, or metal in etal | Asian a your body. (If yo f yes, where? anys) | in the past 🔵 | other nark "NONE.") never |
| Native America lease indicate if you hav pacemaker hearing aid lease describe your cigan currently (every you do smoke, how ma | rican re a pacemaker, he me NO rette smoking stat day) ny packs per day? | earing aid, or metal in tal | Asian a your body. (If yo f yes, where? hys) he past, please inclu | in the past O de number you previou 2 O | other nark "NONE.") never usly smoked.) |
| Native Amer lease indicate if you hav pacemaker hearing aid lease describe your cigat currently (every you do smoke, how man o you drink alcohol? yes, how many drinks p | rican or retained a pacemaker, he me NO rette smoking stat day) or packs per day? ½ yes or retained a statematic yes or retained a s | earing aid, or metal in tal | Asian a your body. (If yo f yes, where? hys) he past, please inclu 1 ½ | in the past O de number you previou 2 O | other nark "NONE.") never Isly smoked.) >2 |
| Native Amen lease indicate if you hav pacemaker hearing aid lease describe your cigat currently (every you do smoke, how ma o you drink alcohol? yes, how many drinks p o you exercise? | rican re a pacemaker, he me NO rette smoking stat day) ny packs per day? ½ yes per week? yes | earing aid, or metal in tal NE currently (some da (If you smoked in the 1 no occasionally no | Asian a your body. (If your body.) (If | in the past Ide number you previou 2 4-78-14 (| other nark "NONE.") never usly smoked.) >2 >14 |
| Native Amen lease indicate if you hav pacemaker hearing aid lease describe your cigat currently (every you do smoke, how ma o you drink alcohol? yes, how many drinks p o you exercise? | rican re a pacemaker, he me NO rette smoking stat day) ny packs per day? $\frac{1}{2}$ yes per week? | earing aid, or metal in tal NE currently (some da (If you smoked in the 1 no occasionally no | Asian a your body. (If your body.) (If your body.) f yes, where? f yes, where yes, | in the past Ide number you previou 2 4-78-14 (| other nark "NONE.") never usly smoked.) >2 >14 |
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| Native Amer Please indicate if you hav pacemaker hearing aid Please describe your cigat | rican re a pacemaker, he me NO rette smoking stat day) ny packs per day? ½ yes per week? yes | earing aid, or metal in etal | Asian a your body. (If your body.) f yes, where? f yes, where yes, wher | in the past Ide number you previou 2 4-78-14 (| other nark "NONE.") never usly smoked.) >2 >14 |
| Native Ameri lease indicate if you hav pacemaker hearing aid lease describe your cigar currently (every you do smoke, how man o you drink alcohol? yes, how many drinks p o you exercise? yes, how often? MEDICAL HISTORY lease indicate if you hav | rican re a pacemaker, he me NO rette smoking stat day) ny packs per day? ½ yes ber week? yes 1-3 times per we re any of the follow | earing aid, or metal in tal NE In tus. currently (some da (If you smoked in the 1 no occasionally no eek | Asian a your body. (If your body.) (If | in the past de number you previou 2 4-7 daily | other nark "NONE.") never usly smoked.) >2 >14 |
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| Native America | rican re a pacemaker, he me NO rette smoking stat day) ry packs per day? ½ yes ver week? yes 1-3 times per we re any of the follow hritis | earing aid, or metal in tal NE currently (some da (If you smoked in th 1 occasionally occasionally eek wing. (If none, mark seizure disor hepat | Asian a your body. (If your body.) (If your body.) f yes, where? f yes, where? the past, please inclue 1 ½ in the past 1-3 3-5 times per week , "NONE.") der ittis | in the past Ide number you previou 2 4-7 4-7 4-7 daily rheun t | other nark "NONE.") never usly smoked.) >2 >14 hyroid disease |
| Native America | rican re a pacemaker, he me NO rette smoking stat day) ry packs per day? ½ yes ver week? yes 1-3 times per we re any of the follow lems hritis emia | earing aid, or metal in tal NE currently (some da (If you smoked in th 1 occasionally occasionally eek wing. (If none, mark seizure disor hepat high blood press | Asian a your body. (If your body.) f yes, where? f yes, where? f yes, where? the past, please inclue 1 ½ in the past 1-3 3-5 times per week , "NONE.") der vitis ure | in the past Ide number you previou 2 4-7 4-7 4-7 daily rheun t | other nark "NONE.") never usly smoked.) >2 >14 >14 hyroid arthritis RD / heartburn |
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| Native Ameri lease indicate if you hav pacemaker hearing aid lease describe your cigar currently (every you do smoke, how ma o you drink alcohol? yes, how many drinks p o you exercise? yes, how often? /EDICAL HISTORY lease indicate if you hav anesthesia prob arti and ast birth de bleeding dis depres blood bruise e heart disease / heart art | rican re a pacemaker, he me NO rette smoking stat day) ny packs per day? ½ yes 1-3 times per we re any of the follow lems hritis emia thma efect ssion clots clots clots easily ttack | earing aid, or metal in tal | Asian a your body. (If your body.) f yes, where? a past, please inclue 1 ½ in the past 1-3 3-5 times per week , "NONE.") der der flux ase plus | in the past de number you previou 2 4-7 daily rheun t GEF mitral | other nark "NONE.") never usly smoked.) >2 >14 >14 >14 >14 >14 Natoid arthritis hyroid disease RD / heartburn HIV valve prolapse polio tissue disorder other illness |
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| Native Ameri lease indicate if you hav pacemaker hearing aid lease describe your cigar currently (every you do smoke, how ma yo you drink alcohol? yes, how many drinks p yo you exercise? yes, how often? /EDICAL HISTORY lease indicate if you hav anesthesia prob arti and ast birth de bleeding dis depres blood bruise e heart disease / heart at | rican re a pacemaker, he me NO rette smoking stat day) ry packs per day? ½ yes 1-3 times per we re any of the follow lems hritis emia thma efect sease ssion clots clots easily ttack petes | earing aid, or metal in tal | Asian n your body. (If your body.) f yes, where? f yes, where? | in the past de number you previou 2 4-7 daily rheun t GEF mitral | other nark "NONE.") never usly smoked.) >2 >14 _ |
| Native America | rican re a pacemaker, he me NO rette smoking stat day) ry packs per day? ½ yes 1-3 times per we re any of the follow lems hritis emia thma efect sease ssion clots clots easily ttack petes | earing aid, or metal in tal | Asian n your body. (If your body.) f yes, where? f yes, where? | in the past de number you previou 2 4-7 daily rheun t GEF mitral other connective f | other nark "NONE.") never usly smoked.) >2 >14 _ |

| L | Using Adobe Acrobat Reader 8.0 or later | Please answer every ques | tion | st be entered <u>MANUALLY</u> . |
|-------|--|---------------------------------|----------------------------|---------------------------------|
| | | | | |
| MEC | DICAL HISTORY (continued) | | | |
| Pleas | se indicate if you have had any of the f | ollowing cancers. (If none, r | nark, " NONE .") | |
| | brain 🔵 | liver 🔵 | | stomach 🤇 |
| | breast 🔵 | ovarian 🔵 | | other cancer 🤇 |
| | colon / rectal 🔵 | prostate 🔵 | | |
| | lung 🔵 | skin 🔵 | | |
| Pleas | se indicate if your PARENTS or GRAND | - | | ork, "NONE.") |
| | anesthesia problems 🔵 | arthritis | | |
| | bleeding disease 🔵 | heart disease | | |
| | | | | |
| SUR | GERIES | | | |
| Pleas | se indicate if you have had any of the f | ollowing surgeries. | | |
| | | ES. (If you have had no surge | ries, please skip ahead to | next section.) |
| | | valve replacement 🔵 | sinus 🔵 | ulcer 🔵 |
| | appendectomy 🔵 | carotid artery 🔵 | neck disc 🔵 | vasectomy 🔵 |
| | hemorrhoidectomy 🔵 | hernia 🔵 | lower back disc 🔵 | other surgery 🔵 |
| | heart bypass 🔵 | thyroid 🔵 | tubal ligation 🔵 | |
| | | | | 2 |
| | cesarean section | 1 🔿 | 2 | 3 or more 🔵 |
| | gallbladder colon removal | open 🔵 | laparoscopic total | |
| | kidney removal | partial 🔵 left 🔵 | right O | both 🔿 |
| | D&C | single | multiple | |
| | foot | left 🔾 | right O | both 🔿 |
| | cataract | left 🔾 | right O | both O |
| | breast cancer lump removal | left 🔾 | right 🔵 | both O |
| | mastectomy | left | right 🔵 | both 🔾 |
| | breast reconstruction | left 🔵 | right 🔵 | both 🔵 |
| | breast biopsy | left 🔵 | right 🔵 | both 🔵 |
| | other breast surgery | left 🔵 | right 🔵 | both 🔵 |
| | hysterectomy | partial 🔵 | total 🔵 | |
| | ovary removal | left 🔵 | right 🔵 | both 🔵 |
| | leg circulation | single 🔵 | multiple 🔵 | |
| | prostate surgery | TURP | removal 🔵 | |
| | lung | left 🔵 | right 🔵 | |
| | carpal tunnel | left 🔵 | right O | both O |
| | rotator cuff repair arthroscopic shoulder | left 🔵 left 🔵 | right 🔵 right 🔵 | both O |
| | hip fracture & surgery | left 🔵 | right O | both O |
| | total hip replacement | left 🔵 | right 🔵 | both O |
| | total knee replacement | left 🔾 | right O | both O |
| | arthroscopic knee | left 🔾 | right 🔾 | both O |
| | spinal fusion | neck 🔘 | lower back 🔵 | |
| | spinal decompression | neck 🔵 | lower back 🔵 | |
| | ulnar nerve | left 🔵 | right 🔵 | both 🔵 |
| | hand | left 🔵 | right 🔵 | both 🔵 |
| | other 🤇 | | | |
| | | | | |
| REV | IEW OF SYSTEMS | | | |
| Dloor | se indicate if you CURRENTLY are expe | riencing any of the following | (If none, mark, "NONE. | ") |
| GENE | | including any of the following. | In none, mark, NONE. | appetite loss 🤇 |
| | sweats 🔵 | fevers 🔵 | | fatigue (always tired) |
| | chills | weight loss 🥥 | | NONE |
| EYES | | vision loss – 1 eye 🔾 | | discharge 🤇 |
| | blurring 🔵 | vision loss – both eyes 🔵 | | |
| | | Page 3 of 4 | Copyright © P | |

STAFF: Handwritten responses must be entered **MANUALLY**.

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Patient History

Please answer every question

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| — — | | | | | | |
|-------------------------------|--------------------------------|---|--|--|--|--|
| REVIEW OF SYSTEMS (continued) | | | | | | |
| EARS / NOSE / THROAT | | | | | | |
| decreased hearing 🔵 | difficulty swallowing 🦳 | | | | | |
| CARDIOVASCULAR | | | | | | |
| chest pain or discomfort 🔵 | weight gain 🔵 | difficulty breathing while lying down 🔵 | | | | |
| swelling of hands or feet 🦳 | blackouts / fainting 🔵 | shortness of breath with exertions \bigcirc | | | | |
| palpitations 🔵 | racing / skipping heartbeats 🔵 | | | | | |
| RESPIRATORY | | | | | | |
| shortness of breath 🔵 | wheezing 🔵 | coughing up blood 🔵 | | | | |
| cough 🔵 | chest discomfort 🔵 | | | | | |
| GASTROINTESTINAL | diarrhea 🔵 | nausea 🔵 | | | | |
| vomiting 🔵 | loss of appetite 🦳 | | | | | |
| GENITOURINARY | | | | | | |
| urinary retention 🔵 | frequent UTI 🔵 | pain 🔵 | | | | |
| urinary urgency 🔵 | urinary frequency 🔵 | NONE | | | | |
| MUSCULOSKELETAL | | | | | | |
| | joint pain 🔵 | muscle cramps 🔵 | | | | |
| joint swelling 🔵 | back pain 🔵 | muscle weakness 🔵 | | | | |
| stiffness 🔵 | arthritis 🔵 | loss of strength 🔵 | | | | |
| gout 🔵 | muscle aches 🔵 | | | | | |
| SKIN | psoriasis 🔵 | changes in nail beds 🔵 | | | | |
| suspicious lesions 🔵 | dryness 🔵 | unusual hair distribution 🔵 | | | | |
| poor wound healing 🦳 | changes in color of skin 🔵 | | | | | |
| NEUROLOGIC | | disturbances in coordination 🦳 | | | | |
| headaches 🔵 | numbness 🔵 | falling down 🔵 | | | | |
| weakness 🔵 | tingling 🔵 | visual disturbances | | | | |
| fainting 🔵 | seizures 🔾 | memory loss 🦳 | | | | |
| poor balance 🔵 | tremors 🔵 | | | | | |
| PSYCHIATRIC anxiety | depression 🔵 | NONE 🔵 | | | | |
| HEME / LYMPHATIC | abnormal bruising 🔵 | NONE 🔿 | | | | |
| ALLERGIC / IMMUNOLOGIC | | | | | | |
| seasonal allergies | persistent infections 🦳 | | | | | |
| | | | | | | |

ALLERGIES AND MEDICATIONS

| Write "yes" on the line if you have no known medical allergies | | | | | | | |
|--|--|--|--|--|--|--|--|
| | ou are allergic to any of the following. | | | | | | |
| latex | | | | | | | |
| PCN | | | | | | | |
| | | | | | | | |
| sulfa | | | | | | | |
| other | | | | | | | |
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What is your preferred pharmacy? ______ Write "yes" on the line if you take no regular medications.

(U.S. Patent No. 7,487,102) (U.S. Patent No. 7,941,328)