CASE HISTORY

Name:_____ Date of Birth:_____ Date:_____

Main symptom or problem: _____
When did your symptoms first appear? _____
How did your symptoms start / what happened? _____
When was the *first time in your life* you had symptoms in this area? _____
When did this *current episode* begin? _____

Is this condition getting better or worse? (circle)
Is there a certain time of the day / night when your condition feels better or worse? Y or N When?

Which activities make it worse?: (circle) sitting standing walking bending lying down
Does your condition interfere with: (circle) work sleep daily routines recreation Other
What makes it feel better? _____

Name health care professionals you've seen for this condition:_____
What was the diagnosis?_____
Have you had (circle): X-rays MRI CT Labs Date of study?_____ Results?

What treatments have you tried for this condition, and what was the effect (better, worse, same)?
(Circle) Medication Physical Therapy Shots Surgery Massage Chiropractic None Other

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INSTRUCTIONS: Please circle the number that best describes the question being asked.: If you have more than one area of pain, please answer each question for each individual complaint and indicate which score is for which complaint.

EXAMPLE: **Headache** **neck** **low back**

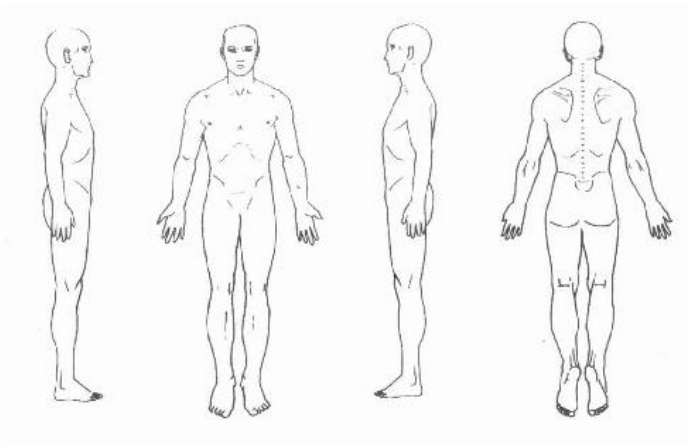
	0	1	2	3	4	5	6	7	8	9	10
			(2)		(4)					(9)	

		0	1	2	3	4	5	6	7	8	9	10
1.	**What is your pain RIGHT NOW?**											
2.	**What is your TYPICAL / AVERAGE pain?**											
3.	**How low is your pain AT ITS BEST?**											
4.	**How high is your pain AT ITS WORSTt?**											

What percentage of your awake hours is your pain at its best? _____ %What percentage of your awake hours is your pain at its worst? _____ %

Please mark area and type of pain on the drawings using the codes listed below.

N-Numbness
T-Tingling
S-Soreness
P-Pain
A-Ache
ST-Stiffness



Please outline a brief bullet-point chronology of your health history (When the problem first began, what you did about, which doctors you visited, what treatments were done, what helped/what didn't help, etc.) . Please put the approximate date (month/year) next to each.