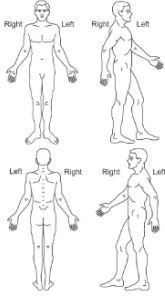




855 King Avenue
Athens, Georgia 30606
(706) 425-2400 Phone
(706) 425-2410 Fax

HEALTH HISTORY

PATIENT CONDITION

Where is your pain?		 <p>Mark "X" on picture where you continue to have pain, numbness or tingling.</p>
When did your symptoms appear?		
Is this condition getting progressively worse?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	
Rate the severity of your pain on a scale from 1 = least pain to 10 = severe pain		
Type of Pain	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Throbbing <input type="checkbox"/> Numbness <input type="checkbox"/> Aching <input type="checkbox"/> Shooting <input type="checkbox"/> Burning <input type="checkbox"/> Tingling <input type="checkbox"/> Cramps <input type="checkbox"/> Stiffness <input type="checkbox"/> Swelling <input type="checkbox"/> Other	
How often do you have this pain?		
Is your pain	<input type="checkbox"/> Constant <input type="checkbox"/> Comes & Goes	
Activities or movements that are painful to perform	<input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input type="checkbox"/> Walking <input type="checkbox"/> Bending <input type="checkbox"/> Lying Down	

HISTORY	No	Yes		No	Yes		No	Yes
Aids/HIV			Emphysema			Pacemaker		
Alcoholism			Epilepsy			Parkinson's Disease		
Anemia			Glaucoma			Pneumonia		
Anorexia or Bulimia			Hepatitis			Prosthesis (Specify)		
Arthritis			Herpes			Polio		
Asthma			High Blood Pressure			Prostate Problems		
Bleeding Disorders			High Cholesterol			Psychiatric Care		
Bronchitis			Kidney Disease			Stroke or TIA		
Bulimia			Liver Disease			Suicide Attempt		
Cataracts			Lupus			Thyroid Problems		
Chemical Dependency			Migraines			Tuberculosis		
Chicken Pox			If yes, how often?			Ulcers (Specify)		
Diabetes			Multiple Sclerosis			Mouth		
Insulin Dependent			Osteoporosis			Stomach		
Non Insulin Dependent								
Cancer (Specify)			Heart Disease (Specify)			Tumors, Growths (Specify)		
						FEMALE ONLY:		
Do you use oxygen?						Are you pregnant?		
Are you to sleep with CPAP machine?						Due Date:		
If diabetic, list daily blood sugar levels:						LMP:		
						Have you had your tubes tied?		
						Have you had hysterectomy?		

INJURIES/SURGERIES:	Description	Date
Falls		
Head Injuries		
Broken Bones		
Back or Neck Surgeries		
Other Surgeries		

HABITS		
Smoking	Packs/Day:	
Alcohol	Drinks/Week:	
Drugs/Street Drugs	What: How often?	
High Level Stress	Reason:	