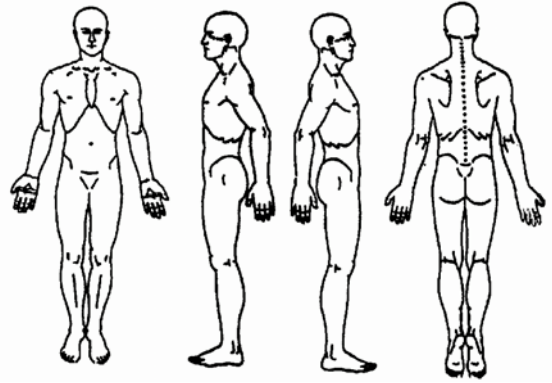


CONFIDENTIAL PATIENT INFORMATION

LIST PRESENT COMPLAINTS: Please rate pain level (0-10)

1. _____ /10
2. _____ /10
3. _____ /10
4. _____ /10
5. _____ /10
6. _____ /10



LIST ANY DISEASE OR ILLNESS WITH WHICH YOU HAVE BEEN DIAGNOSED:

(Examples: Diabetes, Heart Disease, High Blood Pressure, Stroke, Asthma, Ulcers, Cancer, Arthritis, Depression, Etc)

LIST MEDICATIONS AND/OR DIET SUPPLEMENTS YOU TAKE:

What/Frequency/Doctors/Side Effects/Remarks _____

WHAT SURGERIES HAVE YOU HAD?

Type/When/Doctor/Results _____

LIST FORMER SERIOUS ACCIDENTS AND FALLS: (AUTO, WORK, HOME, LEISURE, SPORTS, OTHER)

What/When/Symptoms/Treatment/Results _____
