

Brief Medical History of Patient

Patient Name: _____

Chief Complaint: _____

Current History: (When and how did the pain start; any activities aggravate-pain, describe pain)

Recent & Past Therapy Received:

Social History:

Occupation: _____

Tobacco Use: yes no occasionally

Alcohol Use: yes no occasionally

Brief Past Medical History: (related to current condition or past injuries)

Past & Present Surgical History:

Allergies:

Medications You Are Taking Now:

Father's Health: Good Fair Poor

Mother's Health: Good Fair Poor