

List all Surgical Operations you have had:

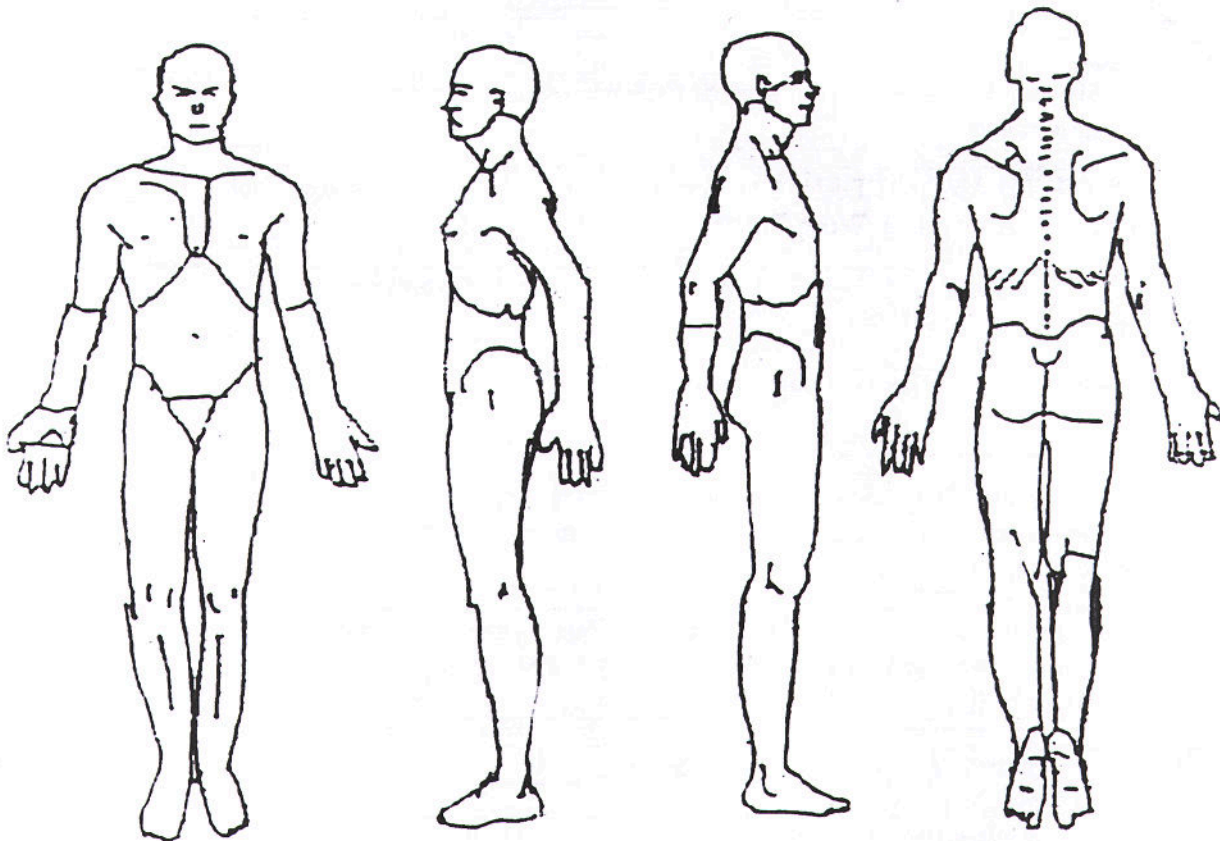
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Please describe your Major Complaint in your own words: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Accident, please describe in your own words how it happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mark the areas of the body where you feel the described sensations. Use the appropriate symbol. Include ALL affected areas.

LEGEND: Numbness +++ Burning XXX Pins and Needles OOOO Sharp //// Dull and Aching \*\*\*\*\* Weak ~~~~



Is there any possibility that you are pregnant at this time? ( ) yes ( ) no

Case History and Consultation is \$25.00.

PATIENT'S SIGNATURE: \_\_\_\_\_