

# PATIENT HISTORY

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Date: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_ Gender: \_\_\_\_\_

Email Address: \_\_\_\_\_ Referred By: \_\_\_\_\_

\_\_\_\_ I have no complaints. I am here for maintenance care.

**Why are you here today?:** *(most important complaint 1<sup>st</sup>) (explain how and when each began)*

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**Please list any medications that you are currently taking:**

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**Please list any motor vehicle accidents, traumas, surgeries, or broken bones that you have had during your life, and the approximate dates at which they occurred:**

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**If you have any other health concerns that you would like the doctor to address, even if they may seem unrelated to the spine, please list them:**

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**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Doctor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_