

NAME: _____ DOB: ____/____/____ DATE: ____/____/____

CHIEF COMPLAINT (WHY YOU ARE SEEING DR BOLIN): " _____ ". DOI: ____/____/____

HISTORICAL INFORMATION:

Where is your pain? (Mark on figures at right)

Describe how it started: _____

Do you recall a specific injury? _____

When did you first notice? _____

Severity: how bad is it today? (No Pain) 0 1 2 3 4 5 6 7 8 9 10 (Worst) Most Days? ____/10

What is the pain like (achy, electric sharp)? _____

What brings the pain on? _____

What makes it worse? _____

What makes it better? _____

Does the pain go anywhere else on your body? _____

Who else have you seen for this problem? _____

What x-rays/CT/MRI have you had done? _____

Surgeries (What/when/who/where): _____

MEDICATIONS: (PLEASE LIST NAME & DOSAGE)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

SOCIAL HISTORY:

Occupation? _____ Employer? _____

Married Y • N; Smoking Y • N If yes, how many
packs/day & how long? _____ packs/day; _____ years

FAMILY HISTORY:

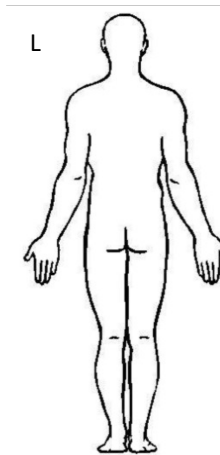
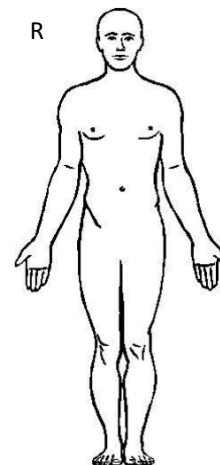
Mom: (Medical Problems; if deceased – what from?) _____

Dad: (Medical Problems; if deceased – what from?) _____

ALLERGIES TO MEDICINE & YOUR REACTION:

Brothers/ Sisters? _____

Any unusual conditions run in your family? _____



REVIEW OF SYSTEMS: Circle any that apply : Do you have?

GENERAL: Fever • chills • night sweats • weight gain • weight loss • pain at night

HEENT: Vision change • difficulty with hearing • difficulty swallowing

HEART: Chest pain • heart murmur • atrial fibrillation • dizzy spells • hypertension • rapid pulse • palpitations

PULMONARY: Shortness of breath • asthma • cough •

GASTROINTESTINAL: Stomach Ulcers • Acid Reflux GERD • Constipation • diarrhea • blood in stool • incontinence
• IBS • Crohns

GENITO-URINARY: Problems urinating • kidney stones • incontinence of urine

(for men): prostate problems • difficult erections • (for women) irregular periods • vaginal discharge

MUSCULOSKETAL: Joint pain • swelling • morning stiffness • diagnosed with arthritis of any body part

NEURO: Back pain worse w/cough/sneeze • history of disc disease • numbness in hands/feet • weakness • loss of motion • problems with balance • loss of bowel or bladder control •

ENDOCRINE: Diabetes • thyroid problems • adrenal

PSYCHIATRIC: Depression • Bipolar

HEMATOLOGIC: anemic • bleeding problems • easy bruising or bleeding

SKIN: rashes • skin cancer • IF you have reviewed and have none of these, initial here: _____