

CONFIDENTIAL PATIENT CASE HISTORY

Date: _____ **Name:** _____ **Birthdate:** _____

Please list your symptoms and the date they started, beginning with your primary complaints:

COMPLAINT:	DATE STARTED:
1. _____	_____
2. _____	_____
3. _____	_____

Is your condition getting worse? _____ **Is the pain constant or does it come & go?** _____

Please list other doctors seen for this condition and the approximate date you were treated:

DOCTORS:	DATE SEEN/TREATED:
1. _____	_____
2. _____	_____
3. _____	_____

Have you experienced any serious accidents or falls within the past year? _____ **If so, what type of accident was it?** Home _____ Leisure _____ Sports _____ Other _____

Briefly describe injury: _____

Are you presently taking any medications? Yes _____ No _____ **If yes, indicate below what type:**

Nerve pills _____ **Pain Killers** _____ **Muscle Relaxers** _____ **Pep Pills** _____ **Aspirin** _____

Tranquilizers _____ **Birth Control Pills** _____ **Blood Pressure** _____ **Other:** _____

Do you consume artificial sweeteners or diet drinks? Yes _____ No _____ **How frequently?** _____

What kind of sweetener/diet drinks _____

List any surgeries that you have had and the approximate date:

1. _____
2. _____
3. _____

Female patients: Are your pregnant? _____

PLEASE CHECK ALL OF THE FOLLOWING SYMPTOMS THAT YOU ARE CURRENTLY EXPERIENCING:

Musculo-Skeletal System:

- Low back pain
- Pain between shoulders
- Neck pain
- Arm problems
- Leg problems
- Swollen joints
- Painful joints
- Stiff joints
- Sore muscles
- Weak muscles
- Broken bones
- Hemorrhoids

Eye, Ear, Nose & Throat:

- Gall bladder problems
- Eye strain
- Eye inflammation
- Ear pain
- Ear discharge
- Hearing loss
- Nose pain
- Difficulty breathing through nose
- Sore gums
- Sore mouth
- Sore throat
- Difficulty with speech
- Asthma

Genito-Urinary System:

Nervous System:

- Bladder trouble
- Excessive urination
- Scanty urination
- Painful urination
- Discolored urine
- Muscle jerking

Female:

- Depression
- Vaginal discharge
- Vaginal bleeding
- Vaginal pain
- Breast pain
- Lumps in breast

Gastro-Intestinal System:

- Poor appetite
- Excessive hunger
- Difficulty chewing
- Difficulty swallowing
- Excessive thirst
- Nausea
- Vomiting blood
- Abdominal pain
- Diarrhea
- Constipation
- Bloody stools

- Liver trouble

Cardio-Vascular-Respiratory:

- Chest pain
- Difficulty breathing
- Persistent cough
- Coughing blood
- Rapid heartbeat
- Blood pressure problems
- Heart problems
- Lung problems

- Numbness
- Dizziness
- Fainting
- Headaches

- Convulsions