

Patient Case History

Name _____ Age _____ Date _____

1. What brings you here today?

2. When did it start? _____

3. How did it start? _____

4. What makes it worse? _____

5. What makes it better? _____

6. Describe the type of pain: _____

7. When are you in the most pain? _____

8. Does the pain spread? _____ If so, where? _____

9. Circle one: It is getting: better, worse, staying the same?

10. Have you ever had this condition before this episode?
_____. If so, when? _____

11. List past traumas: _____

12. List past surgeries: _____

13. List recent medications: _____

14. Are you interested in a nutritional consultation?