

Medical History Snapshot

1) Main reason for visiting (E.g. Upper / mid / lower backpain, Headaches, Leg pain)
2) How long have you suffered? _____
3) How did it start? _____
4) What makes it worse? _____
5) What makes it feel better? _____
6) Have you had a similar problems before?, When? _____
7) Is there any family history of similar problems? NO <input type="checkbox"/> YES (Give details) <input type="checkbox"/> _____
8) Please give details of any operations you have had in your life time _____
9) Please give details of any CURRENT medication you take _____
10) Have you been in any traffic accident or other trauma? - If so, give details including when. _____
11) When did you last visit your GP? _____
12a) What is the worst pain you have ever had in your life? _____
12b) Compared to 12a, how would you score your current discomfort at its worst? (CIRCLE) (NONE) 0 1 2 3 4 5 6 7 8 9 10 (HIGH)