



Advanced Neuropathy Clinic

469-814-9787

MEDICAL HISTORY AND PROBLEM QUESTIONNAIRE

PATIENTS NAME: _____

WHAT BODY AREA IS INVOLVED? _____

Name of ER you where seen at? _____

WHEN DID IT BEGIN / DATE OF INJURY? _____

WHAT SYMPTOMS ARE YOU HAVING?

- PAIN
- SWELLING
- WEAKNESS
- INSTABILITY
- NUMBNESS
- CATCHING
- LOCKING
- GIVE AWAY
- OTHER:

WHAT MAKES THE CONDITION WORSE?

- STANDING
- WALKING
- RUNNING
- STAIRS
- SQUATTING
- LIFTING
- TWISTING
- BENDING
- OTHER

WHAT MAKES THE CONDITION BETTER?

- LYING DOWN
- PAIN PILLS
- WALKING
- PHYSICAL THERAPY
- MUSCLE RELAXANTS
- OTHER

WAS IT CAUSED BY AN INJURY? YES NO WAS THE INJURY JOB RELATED? YES NO

DESCRIBE THE ACCIDENT OR INJURY: (IF APPLICABLE): _____

HAVE YOU SEEN ANOTHER HEALTH PROVIDER FOR THIS PROBLEM? YES NO (IF YES) DOCTOR: _____

WHAT SPECIFIC TESTING/TREATMENT HAVE YOU HAD?

- NONE
- MRI / XRAYs / CT
- EMG
- INJECTIONS
- PHYSICAL THERAPY
- ORTHOTICS (CRUTCHES, BRACES ETC.)
- CAST
- ARTHRITIS MEDICATION (ADVIL, ALEVE)
- NARCOTIC MEDICATION (VICODIN, LORTAB)
- ICE OR HEAT THERAPY
- OTHER:

PAST MEDICAL HISTORY:

- NONE
- DIABETES
- OSTEOPOROSIS
- OSTEOARTHRITIS
- BLOOD CLOTS
- STROKE
- CANCER
- HIV/AIDS
- HIGH BLOOD PRESSURE
- HEART ATTACK
- OTHER:

FAMILY HISTORY

- NONE
- DIABETES
- OSTEOPOROSIS
- OSTEOARTHRITIS
- BLOOD CLOTS
- STROKE
- HIGH BLOOD PRESSURE
- RHEUMATOID ARTHRITIS
- HEART ATTACK
- OTHER:

PLEASE LIST ALL SURGERIES YOU HAVE HAD: NONE _____

PLEASE LIST ALL MEDICATIONS: NONE _____

PLEASE LIST ALL ALLERGIES: NONE _____

SOCIAL HISTORY



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DO YOU SMOKE? YES NO PACKS/DAY: _____ NUMBER OF YEARS YOU HAVE SMOKE: _____
DO YOU DRINK ALCOHOL? YES NO DRINKS/WEEK: _____

OFFICE USE ONLY

Height: _____

Weight: _____



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Name: _____

Date: _____

DOB: _____

What is your reason for this office visit? _____

Instructions: Mark these drawings according to where you hurt (if the right side of your neck hurts, mark the drawing on the right side of the neck, ect.). Please indicate which sensations you feel by referring to the key below.

Right Handed

Left Handed

KEY

- ///// Stabbing
- XXXXX Burning
- OOOO Pins and Needles
- ==== Numbness
- ++++ Aching

PAIN LEVEL

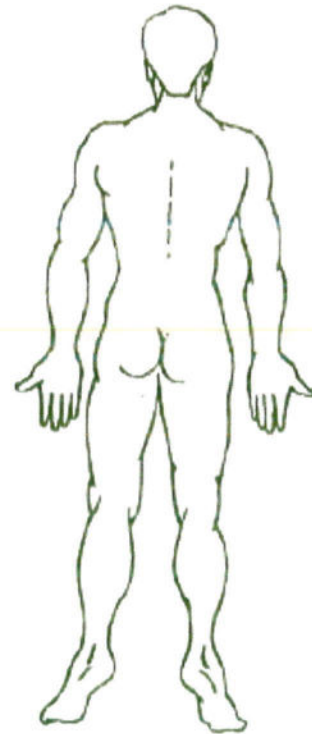
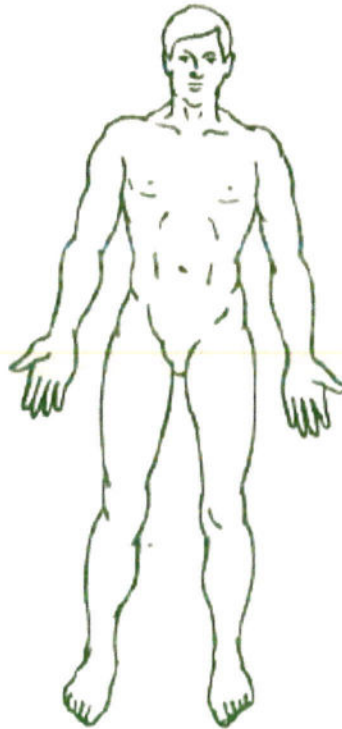
- 0 No Pain
- 1 Mild pain, you are aware of it but it doesn't bother you
- 2 Moderate pain that you can tolerate without medication
- 3 Moderate pain that requires medication to tolerate
- 4 - 5 More severe pain; you begin to feel antisocial
- 6 Severe pain
- 7 - 9 Intensely severe pain
- 10 Most severe pain

Right

Left

Left

Right



Circle your Current Pain Level

0 1 2 3 4 5 6 7 8 9 10

Occupation: _____

Are you currently working?: Yes No