

Dr. C. Baynham

History Present Illness

Name _____ Age _____ Date _____

Current Treating Physician _____ Attorney's Name & Address _____

I HAVE: please circle:

Pain in the :	Neck	Back	Low Back
	Arm	Left	Right
	Leg	Left	Right
Numbness in the:	Arm	Left	Right
	Leg	Left	Right
Weakness in the:	Arm	Left	Right
	Leg	Left	Right

MY SYMPTOMS DEVELOPED: please circle:

As result of Injury _____ Work Related? Yes No
 MVA: Driver Passenger Pedestrian
 Fall: Slip & Fall Height of _____ Lifting Injury Weight _____ Other _____
 Symptoms occurred: On _____ Developed gradually over: _____
 Are chronic over _____ with recent increase on _____

Please indicate how the following affect your symptoms:

	<u>INCREASED</u>	<u>DECREASED</u>	<u>UNAFFECTED</u>
Walking	()	()	()
Standing	()	()	()
Bending	()	()	()
Lifting	()	()	()
Rest	()	()	()
Inactivity	()	()	()
Looking Up	()	()	()
Sitting	()	()	()
Change in Bowel Movement	()	()	()
Change in Bladder Function	()	()	()

Please circle the types of treatment you have had:

Therapy Chiropractic Acupuncture Bracing Injections Medication Neck Surgery Lower Back Surgery

PAST MEDICAL HISTORY: Please check if you have ever had any of the following conditions:

- () Aids () HIV () Anemia () Bleeding diathesis () Leukemia () Lymphoma () Stroke () Alzheimer's
- () TIA () Polio () Meningitis () Neurofibroma () Cerebral Palsy () Multiple Sclerosis () Brain Tumor
- () Spinal Cord Tumor () Depression () Psychosis () Anxiety/panic disorder () Bipolar disorder
- () Schizophrenia () Asthma () Lung Cancer () Bronchitis () Pneumonia () COPD () Emphysema
- () TB () Lupus () Polymyalgia () Polymyositis () Sclerodema () Rheumatoid Arthritis () Polyarthritits
- () Temporal Arthritis () Heart Attack () Congentive Heart Failure () Pulmonary embolus () Phlebitis
- () High Blood Pressure () Arthymia () Arteriosclerosis () Heart murmur () Pacemaker () Eczema
- () Psoriasis () Skin Cancer () Diabetes () Adrenal abnormality () Thyroid abnormality () Thyroid Tumor
- () Low blood sugar () Osteoporosis () Parathyroid Tumor () Adrenal Tumor () Pituitary Tumor () Blindness
- () Glaucoma () Sinusitis () Otitis () Chirrosis () Colitis () Ulcers () Hepatitis () Pancreatitis () Gall stones
- () Gastritis () Appendicitis () Diverticulitis () Cholecystitis () Colon Cancer () Stomach Cancer
- () Pancreatic Cancer

Medications:

(Please attach list if not enough room)

Allergies:

Surgeries:

FAMILY HISTORY

Mother: Age: Living Deceased Cause of Death
Father: Age Living Deceased Cause of Death
Sister (s): Age Living Deceased Cause of Death

1.
2.
3.

Brother (s) Age Living Deceased Cause of Death

1.
2.
3.

SOCIAL HISTORY

Please circle: Married Single Separated Divorced Widowed

Children: Number Living _____ Number Deceased _____

Occupation: _____

Occupation Status: Full time Part time No duty Unemployed Retired

Duty Type: Full Light

Tobacco Use: (circle) Yes Packs/day _____ #of Years _____ # Year Quit _____

Alcohol Use: (circle) None Occasional Few/Week 1-2/day More than 3/day

Drug Rehabilitation Yes No

Highest Level of Education _____

REVIEW OF SYSTEMS

Please indicate how often you experience the following:

	None	Occasional	Frequently		None	Occasional	Frequently
Fever	()	()	()	Diarrhea	()	()	()
Weight Loss	()	()	()	Ulcer	()	()	()
Malaise/Fatigue	()	()	()	Blood in urine	()	()	()
Weight Gain	()	()	()	Incontinence	()	()	()
Angina (chest pain)	()	()	()	Hesitation	()	()	()
Edema (leg swelling)	()	()	()	Painful urination	()	()	()
Hoarseness	()	()	()	Bruise easily	()	()	()
Excessive thirst	()	()	()	Painful lymph node	()	()	()
Excessive hunger	()	()	()	Rash	()	()	()
Blurred Vision	()	()	()	Itching	()	()	()
Double Vision	()	()	()	Joint swelling	()	()	()
Jaundice	()	()	()	Joint pain	()	()	()
Abdominal pain	()	()	()	Joint stiffness	()	()	()
Depression	()	()	()	Seizures	()	()	()
Anxiety/panic	()	()	()	Headache	()	()	()
Schizophrenia	()	()	()	Tremor	()	()	()
Claustrophobia	()	()	()	Wheezing	()	()	()
Hallucinations	()	()	()	Productive cough	()	()	()
Anxiety	()	()	()	Coughing blood	()	()	()
				Shortness of breath	()	()	()
				Difficulty breathing	()	()	()