**COMPREHENSIVE SPINE CARE, P.A.**

**PATIENT HISTORY**

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE CHECK ALL POSITIVE CONDITIONS**

* **General:** \_\_\_\_Fever \_\_\_\_Chills \_\_\_\_Unexplained weight loss \_\_\_\_Cancer
* **Eyes:** \_\_\_\_Glaucoma \_\_\_\_Blurred Vision \_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Cardiac:** \_\_\_\_Shortness of Breath \_\_\_\_Chest Pain \_\_\_\_Irregular heart beat

**\_\_\_\_**Palpitations \_\_\_\_High Blood Pressure \_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_

* **Vascular:** \_\_\_\_Swelling of feet and ankles \_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Neurologic:** \_\_\_\_Frequent Headaches \_\_\_\_Seizures \_\_\_\_Double Vision

\_\_\_\_Ringing in ears \_\_\_\_Dizziness \_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Urinary:** \_\_\_\_Frequent urination \_\_\_\_Hesitancy \_\_\_\_Blood in urine

\_\_\_\_Painful urination \_\_\_\_Kidney Disease

* **Gastrointestinal:** \_\_\_\_Nausea \_\_\_\_Vomiting \_\_\_\_Blood in Stool \_\_\_\_Heartburn

\_\_\_\_Ulcers \_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Respiratory:** \_\_\_\_Shortness of Breath \_\_\_\_Wheezing \_\_\_\_Coughing

\_\_\_\_Asthma \_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Musculoskeletal:** \_\_\_\_Arthritis \_\_\_\_Joint Swelling \_\_\_\_ Other

\_\_\_\_Back Pain \_\_\_\_Neck Pain

* **Endocrine:** \_\_\_\_Thyroid Abnormalities \_\_\_\_Cold or Heat Intolerance

\_\_\_\_Diabetes \_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Skin:** \_\_\_\_Rashes \_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Blood:** \_\_\_\_Anemia \_\_\_\_Easy bruising or bleeding \_\_\_\_Past blood transfusion

\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL SYSTEMS ARE NEGATIVE: YES NO**

**PATIENT SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_