

# New Patient History

## Current Condition

1. Do you have a main complaint? If yes, what is it?

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2. When did you first notice your symptoms? What happened?

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3. What helps your condition?

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4. What aggravates your condition?

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5. Is your pain sharp or dull?

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6. Do you have any numbness, pins and needles, or tingling in your arms or legs?

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7. Where is your pain located?

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8. Is your pain constant, or does it come and go?

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9. Have you seen another doctor for this condition in the past three (3) years?

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10. Do you have any pain or problems with your jaw, hands, wrists, elbows, shoulders, hips, knees, or feet?

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11. Please list any prescriptions or supplements you have taken in the last six (6) months:

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## Medical History

12. When was your last car accident?

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13. Have you been hospitalized or had any accidents in the past three (3) years? If yes, explain:

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## Social & Family History

14. Do you smoke, or use recreational drugs or alcohol?

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15. Do you have a family history of: arthritis, diabetes, hypertension, stroke, heart disease, cancer, and/or any other disease/condition?

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