

Name: _____

Date: _____

1. What was the cause of your injury or condition? _____
 - a. When did your injury/condition start? _____
2. Is your injury or condition related to your job? YES [] NO []
3. Have you recently experienced any unexplained weight loss or gain greater than 10 pounds? YES [] NO []
4. Have you recently experienced a fever, sweating at night, or chills? YES [] NO []
5. Have you recently experienced a loss of appetite or nausea and/or vomiting? YES [] NO []
6. Have you recently experienced any dizziness or diarrhea? YES [] NO []
7. Are you awakened with pain at night? YES [] NO []
 - a. If so, does it resolve quickly with a change in position or does it keep you awake? YES [] NO []
8. Do you ever experience any weakness or parasthesias (numbness or tingling)? YES [] NO []
9. Do you smoke now, or did you smoke in the past? How much? YES [] NO [] _____
10. Do you have a history of cardiovascular disease or heart attack? YES [] NO []
11. Do you experience any difficulty breathing, chest pressure, fainting or excessive fatigue? YES [] NO []
12. Do you have a history of diabetes? YES [] NO []
13. Have you noted discoloration of your urine or blood in your stool? YES [] NO []
14. Have you experienced any incontinence or changes with urination? YES [] NO []
15. Have you experienced any problems with your breathing? YES [] NO []
16. Have you experienced any headaches, dizziness, vertigo, seizures or fainting? YES [] NO []
17. Please list any other medical conditions you have.

18. Please list any surgeries you have had.

19. Please list any medications you are taking at this time including any over the counter medications.

20. Please list any medical tests you have had related to this condition (i.e Xray, MRI, CT scans, etc)

21. Please list any activities or positions that aggravate or irritate your current condition.

22. Please list any activities or positions that alleviate or improve your current condition.

23. What time of the day are your symptoms the worst? _____
24. What time of the day are your symptoms the best? _____
25. How did you hear about TeamWorks Therapy (please circle)?

Physician Chiropractor Friend/Family Attorney Internet Radio Ad Print Ad