



Patient Name: \_\_\_\_\_

Initial Condition Continued

Patient Initials \_\_\_\_\_

Dr. Initials \_\_\_\_\_

For Re-exams Only-please initial if there has been no change since your last visit

**For ALL new patients and patients who have had a new injury please answer the following:**

If you have ever had a listed condition in the past please check in the **Past Column.**

If you are presently troubled by a particular condition check in the **Present Column.**

**Past Present**

- Neck Pain (723.1)
- Shoulder Pain (719.41)
- Pain in Upper Arm or Elbow (719.42)
- Hand Pain (719.44)
- Wrist Pain (719.43)
- Upper Back Pain (724.1)
- Low Back Pain (724.2)
- Pain in Upper Leg or Hip (719.45)
- Pain in Lower Leg or Knee (729.5)
- Pain in Ankle or Foot (719.47)
- Jaw Pain (526.9)
- Swelling/Stiffness of Joint(s)
- Fainting (780.2)
- Visual Disturbances (368.9)
- Convulsions (780.3)
- Dizziness (780.4)
- Headache (784.0)
- Muscular In-coordination (781.3)
- Tinnitus (Ear Noises) (388.30)
- Rapid Heart Beat (785.0)
- Chest Pains (786.50)
- Loss of Appetite (783.0)
- Anorexia (307.1)
- Abnormal Weight Gain (783.1) Loss (783.2)
- Excessive Thirst (783.5)
- Chronic Cough (786.2)
- Chronic Sinusitis (473.9)
- General Fatigue (780.7)
- Irregular Menstrual Flow (626.4)
- Profuse Menstrual Flow (626.7)
- Breast Soreness/Lumps (611.72)
- Endometriosis (617.9)
- PMS (625.4)
- Loss of Bladder Control (788.30)
- Painful Urination (788.1)
- Frequent Urination (788.41)
- Abdominal Pain (789.0)
- Constipation/Irregular Bowel Habits (564.0)
- Difficulty in Swallowing (787.2)
- Heartburn/Indigestion (787.1)
- Dermatitis/Eczema/Rash (692.9)
- Depression (311)

**Past Present**

- Aortic Aneurysm (441.5)
- High Blood Pressure (401.9)
- Angina (413.9)
- Heart Attack (410.9)
- Stroke (436)
- Asthma (493.9)
- Cancer (199.1)
- Tumor (229.9)
- Prostate Problems (601.9)
- Blood Disorder (790.6)
- Emphysema (chronic lung disorders) (492.8)
- Arthritis (716.9)
- Rheumatoid Arthritis (714.0)
- Diabetes (250.0)
- Epilepsy (349.5)
- Ulcer ( )
- Liver (573.9) / Gallbladder (575.9) problems
- Kidney Stones (592.0)
- Hepatitis (573.3)
- Bladder Infection (595.9)
- Kidney Disorders (by condition)
- Colitis (558.9)
- Irritable Colon (564.1)
- HIV/AIDS (042)
- Systemic Lupus
- Other \_\_\_\_\_

**If you or a family member has had any of the following, please mark the appropriate box:**

- |   |   |
|---|---|
| <input type="checkbox"/> Cancer               | <input type="checkbox"/> Epilepsy               |
| <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Chronic Back Problems  |
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Chronic Headaches      |
| <input type="checkbox"/> Heart Problems       | <input type="checkbox"/> Lupus                  |
| <input type="checkbox"/> Lung Problems        | <input type="checkbox"/> Other Conditions _____ |
| <input type="checkbox"/> High Blood Pressure  | _____   |

**YES NO**

- Do you have a permanent disability rating?
- Location: \_\_\_\_\_
- Date rating received: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Rating Percentage: \_\_\_\_\_%

**Please check any of the following that apply to you**

**Past Present**

- Pregnancy (V22.2)
- Birth Control Pills
- Medications (please list): \_\_\_\_\_
- Vitamins/Herbs: \_\_\_\_\_
- Hospitalization/Surgical Procedures (please list) \_\_\_\_\_

**Past Present**

- Tobacco (305.1)
- Alcohol (305.0)
- Drug or Alcohol Dependence (303.9)
- Coffee/Tea/Caffeinated Soft Drinks  
Cups/Cans Per Day: \_\_\_\_\_

**Present: Weight \_\_\_\_\_ pounds Height \_\_\_\_\_ feet \_\_\_\_\_ inches**

**Patient's signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Doctor's additional comments/general health concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_