OSTEO HEALTH

CONFIDENTIAL
PATIENT CASE HISTORY

What is the reason for seeking our services today?____

____

What do you hope to achieve specifically from treatment? (Include goals and deadlines)

____

____

Draw on the sketch below the area where you feel your problem to be.

L R L L R R

On the scales below, please circle your current level of pain (10 being the worst pain imaginable):

0 1 2 3 4 5 6 7 8 9 10
Pain free Excruciating

When the problem started:

0 1 2 3 4 5 6 7 8 9 10
Pain free Excruciating

When the problem is at its worst:

0 1 2 3 4 5 6 7 8 9 10
Pain free Excruciating

When the problem is at its best:

0 1 2 3 4 5 6 7 8 9 10
Pain free Excruciating

Please turn over

List any medications you are taking ____

____

____

Have you ever taken oral cortisone or prednisone (including asthma medications such as pulmicort, symbicort, flixotide & seretide)? Yes / No

Are you pregnant? Yes / No

Do you have or have you ever had?: (please tick)

- High blood pressure
- Heart attack
- Heart problems
- Strokes
- Diabetes
- A pacemaker
- An aneurysm
- Cancer
- Osteoporosis
- Rheumatoid arthritis
- Ankylosing spondylitis
- Psoriatic arthritis
- Reiter's arthritis
- Spinal trauma
- Spinal fracture
- Spinal surgery
- Dislocations
- Ligament injuries
- Cartilage injuries
- Osteoarthritis
- Dizziness

7. Have you seen another therapist for this injury before? Yes / No

If YES, who (please circle) GP Surgeon Chiropractor Physiotherapist

Other (what type of therapist?__________________________

Patient's Signature: ____

Date:_______________________

"Thank you for the time taken to complete this form."