

The Center for Medical Healing Patient History Form

Date: _____ Time: _____

Name: _____

Age: _____

Sex: M F

Handedness: R L

Referral Source: Physician Self Attorney Patient

Employment Status: Employed Unemployed

Date Last Worked: _____

Chief Complaint:

History of Present Illness:

Pain Description Narrative: See pain diagram **(NARRATIVE TO BE FILLED OUT BY OFFICE)**

<i>Prioritized Area of Pain by Patient:</i>	#1	#2	#3	#4
Frequency:	_____	_____	_____	_____
Duration:	_____	_____	_____	_____
Intensity:	_____	_____	_____	_____
Pattern:	_____	_____	_____	_____
Warning Signs:	_____	_____	_____	_____
Radiation:	_____	_____	_____	_____
Assoc. Symptoms:	_____	_____	_____	_____
Descriptive Words:	_____	_____	_____	_____
Pain Scale 0-10:	_____	_____	_____	_____

(TO BE FILLED OUT BY PATIENT)

Past Medical History: _____ Injuries/Accidents: _____

Past Surgical History: _____

Recent Hospitalizations: _____

Medications:	<u>Med</u>	<u>Dose</u>	<u>Freq.</u>
<i>Current</i>	_____	_____	_____
<i>Past</i>	(See attached)		

Medication Allergies: Med Reaction

Previous Diagnostic Studies	Date	Test	Results
_____	_____	_____	_____

Date: _____

Time: _____

Name: _____

Physical Exam

(REMAINDER TO BE FILLED OUT BY OFFICE)

Vital Signs: BP _____ P _____ R _____ Weight _____

General: AAO X 3
 HEENT: PERRLAEOMI:
 Lungs: Clear to auscultation negative rales, rhonchi, wheeze
 Heart: RRR, +S1, +S2
 Abdomin: Soft, Non-tender +BS X 4

Musculoskeletal:	<u>Upper Extremity</u>	<u>Right</u>	<u>Left</u>
	Shoulder Abduction	<u> /5 </u>	<u> /5 </u>
	Elbow flexion	<u> /5 </u>	<u> /5 </u>
	Wrist Extension	<u> /5 </u>	<u> /5 </u>
	Elbow Extension	<u> /5 </u>	<u> /5 </u>
	Wrist Flexion	<u> /5 </u>	<u> /5 </u>
	Finger Flexion	<u> /5 </u>	<u> /5 </u>
	Finger Abduction	<u> /5 </u>	<u> /5 </u>

	<u>Lower Extremity</u>		
	Hip Flexion	<u> /5 </u>	<u> /5 </u>
	Knee Extension	<u> /5 </u>	<u> /5 </u>
	Ankle Dorsi Flexion	<u> /5 </u>	<u> /5 </u>
	Long Toe Extensors	<u> /5 </u>	<u> /5 </u>
	Ankle Plantar Flexion	<u> /5 </u>	<u> /5 </u>
	Knee Flexion	<u> /5 </u>	<u> /5 </u>
	Hip Extension	<u> /5 </u>	<u> /5 </u>

Range of Motion	<u>Elev./Depr.</u>	<u>IR/ER</u>	<u>Flex./Exten.</u>	<u>Pron./Sup.</u>	<u>Abd. / Add.</u>	<u>Inver. / Ever.</u>
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Range
 90 - 180
 0 - 90
 0 - 145 - 160

	<u>Upper Extremity</u>				
	Scapula			N/A	N/A
	Shoulder	<u> N/A </u>	<u> N/A </u>	<u> N/A </u>	<u> N/A </u>
	Elbow and Forearm	<u> N/A </u>	<u> N/A </u>	<u> N/A </u>	<u> N/A </u>
	Hand & Wrist	<u> N/A </u>	<u> N/A </u>	<u> N/A </u>	<u> N/A </u>
	Thumb	<u> N/A </u>	<u> N/A </u>	<u> N/A </u>	<u> N/A </u>

	<u>Lower Extremity</u>				
	Hip	<u> N/A </u>	<u> N/A </u>	<u> N/A </u>	<u> N/A </u>
	Knee	<u> N/A </u>	<u> N/A </u>	<u> N/A </u>	<u> N/A </u>
	Ankle	<u> N/A </u>	<u> N/A </u>	<u> N/A </u>	<u> N/A </u>
	Foot	<u> N/A </u>	<u> N/A </u>	<u> N/A </u>	<u> N/A </u>

Back:	Range of Motion	<u>Lateral Sidebending</u>	<u>Rotation</u>	<u>Abd. / Add.</u>	<u>Tenderness</u>
	Capital	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	Cervical	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	Thoracic	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	Lumbar	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	SLR	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Neurological:		<u>DTR's</u>
	Biceps	<u> </u>
	Brachioradial	<u> </u>
	Triceps	<u> </u>
	Patellar	<u> </u>
	Achilles	<u> </u>
	Babinski	<u> </u>
	Hoffman's	<u> </u>

Date: _____

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Neurological (cont.): Mental status grossly intact with the exception of

Cranial Nerves II - XII grossly intact with the exception of

Sensation to pinprick and light touch grossly intact throughout all dermatomes with the exception of

Proprioception grossly intact throughout upper and lower UE / LE's with the exception of

Vibratory sense grossly intact with the exception of

Stereognosis grossly intact

Two-point Discrimination

Gait Pattern

Coordination

Cardiovascular:

Homan's Sign negative bilaterally

Pedal pulses present bilaterally

Negative edema bilaterally

Assessment

- #1 _____
- #2 _____
- #3 _____
- #4 _____
- #5 _____

Plan

- #1 Physical therapy is being prescribed _____ times per week for _____ weeks utilizing _____ to be scheduled today.
- #2 Osteopathic manipulative techniques were utilized to treat the cervical, thoracic, lumbar, and sacral regions mainly using _____
- #3 Trigger point injections were performed under sterile conditions with patient consent utilizing 1 cc of 1% lidocaine into each site which include

Site:	a. _____	c. _____	e. _____	g. _____
	b. _____	d. _____	f. _____	h. _____
- Good results were obtained. Patient was instructed to ice if irritation occurs and report any sign of infection.
- #4 Medications: _____
- #5 Diagnostic Studies _____
- #6 Patient to return to clinic in _____