PATIENT HISTORY FORM

Note: This is a confidential record and will be kept in your doctor's office. Information contained here will not be released to anyone without your authorization to do so.

Patient name:	Date:
Chief Complaint: What is the main reason for you	our visit today? (Describe your problem in detail)
	Present Illness the following questions
When did you first notice the problem? Explain:	How long does the problem last? 30 minutes 1 hour It is always there Comes and goes Other:
Location of the problem: Abdomen Back Leg Other:	Is anything occurring at the same time? Yes No If yes, explain:
Is the problem constant or variable? Sharp or Dull? Explain:	Does anything make the problem worse? Explain:
On a scale of 1 to 10, with 10 being the most severe, circle the number that best describes the severity of your problem. 1 2 3 4 5 6 7 8 9 10	Does the problem interfere with your normal daily functions? Yes No If yes, explain:
Physician use only: (Comments / Notes)	
Urinalysis Leuk- Nitrites- Urobili- Protein- pH- Blood- SG- Ket- Bili- Gluc- Micro WBC- RBC- Bact- Crystal- Phos- Epi's Mucous-	# Answers Level of Service Initial Date 1-3 1 or 2 4+ 3-5