

1. What was your chief complaint when you visited your doctor? _____

2. What do you think caused the problem? _____

3. What does your doctor think is causing your medical problem? _____

4. Describe your medical problem _____

5. a. Does anything make it worse? _____
b. Does anything make it better? _____
6. Do you have any numbness? _____ Where? _____
7. Do you have any weakness? _____ Where? _____
8. Have you had any prior
MRI's _____
When/where _____
CT's _____
When/where _____
X-Ray's _____
When/where _____