UPDATED PATIENT HISTORY

The Spine and Sport Center
Dr. Shane R. Conrad D.C.
5962 Stetson Hills Blvd.
Colorado Springs, CO 80923

_____
Today's Date (MM/DD/YYYY)

_____ _____ _____
Your Last Name Your First Name Your Middle Initial

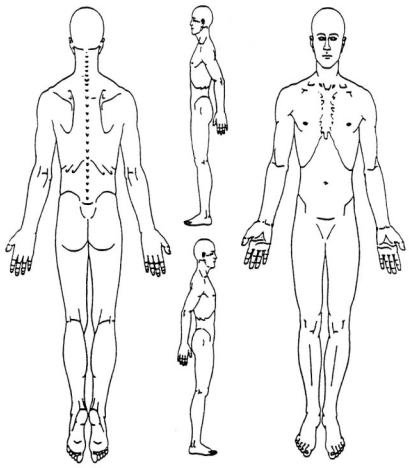
O I have new contact information

Please select one:

O **Progress evaluation** - I've been under active care and this is a periodic re evaluation.
O **New condition** - I've been under care and a new or returning condition has emerged.
O **Maintenance patient** - I'm under maintenance care with a new or returning health issue.
O **Returning patient** - After a period of inactivity, I've had a relapse or all-new health issue.

Current symptoms: _____

1. Location (Where does it hurt?)



2. Quality of symptoms (What does it feel like?)

O Numbness
O Tingling
O Stiffness
O Dull
O Aching
O Cramps
O Nagging
O Sharp
O Burning
O Shooting
O Throbbing
O Stabbing
O Other

3. Intensity (How extreme are your current symptoms?)

0 o – o – o – o – o – o – o – o – o – o 10
Absent Uncomfortable Agonizing

4. Duration and Timing (When did it start and how often do you feel it?)

O Constant O Comes and goes.
When did it start and how often?_____

5. Radiation (Does it affect other areas of your body? To what areas does the pain radiate, shoot or travel?)

_____

6. Aggravating or relieving factors (What makes it better or worse, such as time of day, movement, certain activities, etc.)

What tends to worsen the problem?_____
What tends to lessen the problem?_____

7. Prior intervention (What has been done to relieve symptoms?

O Prescription medication O Surgery O Ice
O Over the counter drugs O Acupuncture O Heat
O Homeopathic remedies O Chiropractic O Other
O Physical Therapy O Massage _____

8. What else should Dr. Conrad know about your current condition?_____

_____
_____
_____
_____

9. Review of systems (Identify any changes since your most recent evaluation with us):

	Worse	No change	Improved
a. Musculoskeletal System - Such as osteoporosis, arthritis, neck pain, back problems, poor posture, etc.	o	o	o
b. Neurological System - Such as anxiety, depression, headache, dizziness, pins and needles, numbness, etc.	o	o	o
c. Cardiovascular System - Such as high blood pressure, low blood pressure, high cholesterol, angina, etc.	o	o	o
d. Respiratory System - Such as asthma, apnea, emphysema, hay fever, shortness of breath, pneumonia, etc.	o	o	o
e. Digestive System - Such as anorexia/bulimia, ulcer, food sensitivities, heartburn, constipation, diarrhea, etc.	o	o	o
f. Sensory System - Such as blurred vision, ringing in ears, hearing loss, chronic ear infection, etc.	o	o	o
g. Skin System - Such as skin cancer, psoriasis, eczema, acne, hair loss, rash, etc.	o	o	o
h. Endocrine System - Such as thyroid issues, immune disorders, hypoglycemia, frequent infection, etc.	o	o	o
i. Genitourinary System - Such as kidney stones, infertility, bedwetting, prostate issues, PMS, etc.	o	o	o
J. Constitutional System - Such as fainting, low libido, poor appetite, fatigue, sudden weight change, weakness, etc.	o	o	o

10. Illness, operations, injuries or treatments since your most recent evaluation with us:_____

11. Medications (please list all prescription and over the counter): _____

12. Social History (Tell Dr. Conrad about your health habits and stress levels)

Alcohol use	o Daily	o Weekly	How much?_____	Prayer or meditation?	o Yes	o No
Coffee use	o Daily	o Weekly	How much?_____	Job pressure/stress?	o Yes	o No
Tobacco use	o Daily	o Weekly	How much?_____	Financial peace?	o Yes	o No
Exercising	o Daily	o Weekly	How much?_____	Vaccinated?	o Yes	o No
Pain relievers	o Daily	o Weekly	How much?_____	Mercury fillings?	o Yes	o No
Soft drinks	o Daily	o Weekly	How much?_____	Recreational drugs?	o Yes	o No
Water intake	o Daily	o Weekly	How much?_____			

Hobbies: _____

13. Activities of Daily Living (How does this condition currently interfere with your life and ability to function?)

	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe
Sitting	o	o	o	o	Grocery shopping	o	o	o	o
Rising out of chair	o	o	o	o	Household chores	o	o	o	o
Standing	o	o	o	o	Lifting objects	o	o	o	o
Walking	o	o	o	o	Reaching overhead	o	o	o	o
Lying down	o	o	o	o	Showering/bathing	o	o	o	o
Bending over	o	o	o	o	Dressing myself	o	o	o	o
Climbing stairs	o	o	o	o	Love life	o	o	o	o
Using a computer	o	o	o	o	Getting to sleep	o	o	o	o
Getting in/out of car	o	o	o	o	Staying asleep	o	o	o	o
Driving a car	o	o	o	o	Concentrating	o	o	o	o
Looking over shoulder	o	o	o	o	Exercising	o	o	o	o

Physician Notes

Blood Pressure: ____/____

Pulse: _____

Neurologic exam: ☐ WNL

Sensation ☐ WNL	L	R
Light touch		
Sharp/dull		
Vibration		

Reflexes (0-5) ☐ WNL	L	R
Biceps (C5)(musculocul.)		
Brachioradialis (C6)(radial)		
Triceps (C7)(radial)		
Patellar (L4)(femoral)		
Medial hamstring (L5)(sciatic)		
Achilles (S1)(tibial)		
Babinski		
Other		

Motor (0-5) ☐ WNL	L	R
Resisted neck ROM (C1-C4)		
Shoulder elevation (CN LI, C3-C6)		
Shoulder abduction (C4-C6		
Elbow flexion (C5-C8)		
Elbow extension (C6-C8)		
Wrist/finger flexion (C7-T1)		
Wrist/finger extension (C6-C8)		
Hip flexion (L1-L3)		
Knee extension (L2-L3)		
Knee flexion (L4-S1)		
Plantar flexion (L5-S2)		
Dorsiflexion (L4-L5)		
Other:		

OFFICE USE ONLY

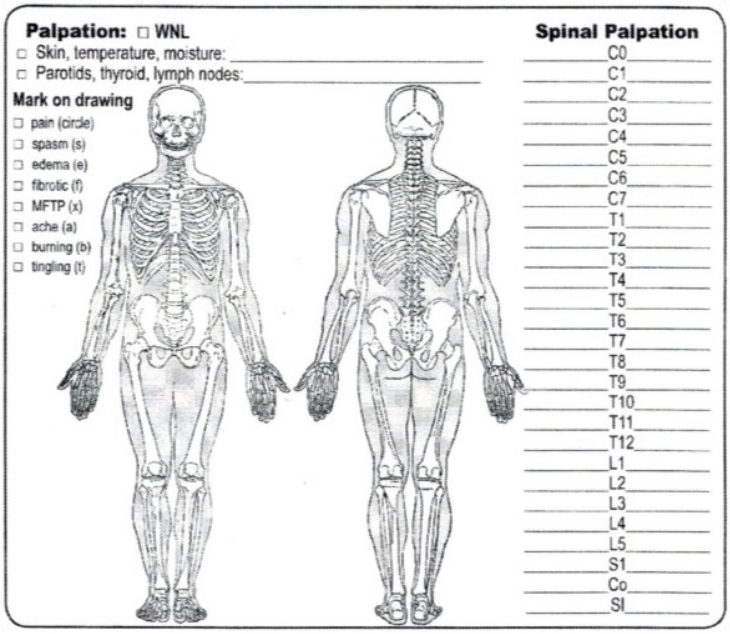
Palpation: ☐ WNL

☐ Skin, temperature, moisture: _____

☐ Parotids, thyroid, lymph nodes: _____

Mark on drawing

☐ pain (circle)
☐ spasm (s)
☐ edema (e)
☐ fibrotic (f)
☐ MFTP (x)
☐ ache (a)
☐ burning (b)
☐ tingling (t)



Spinal Palpation

C0 C1 C2 C3 C4 C5 C6 C7 T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12 L1 L2 L3 L4 L5 S1 Co SI

Orthopedic exam: WNL, ☐ other: _____

Functional ☐ WNL	L	R
Heal walk (L3,3,5)		
Toe walk (S1)		
Squat & rise		
Tandem Romberg		
Romberg		
Adam's Sign		
Other		

Cervical ☐ WNL	L	R
Resisted muscle test		
Compression		
Maximal compress		
Distraction		
PROM		
Jull's (active flexion)		
Soto Hall/Brundinski		

Lumbar ☐ WNL	L	R
Kemp's test		
SLR Passive, active		
Braggard's		
Patrick's (FABERE)		
Thomas/Gaenslen's		
Hip circumduction		
SI distraction/comp		

Additional exam procedures: WNL

☐ Auscultation (heart, lungs):

☐ Other: