

# VIRGINIA SPINE INSTITUTE MEDICAL SUMMARY

## CURRENT MEDICAL HISTORY

List **CURRENT** spine complaints:

List **CURRENT** non-spinal medical problems, even if under control (i.e. high blood pressure, cancer, diabetes, stomach reflux, etc.):

None

Are you currently pregnant?  Yes  No Are you currently lactating?  Yes  No

## MEDICATIONS

List **current medications** being prescribed by **Virginia Spine Institute** (please check those which you need refilled):

None

List **current medications** being prescribed to you by **other physicians**:

None

## ALLERGIES

List your current medication allergies:

None

## FAMILY HISTORY

Do you have a family history of spine problems?  Yes  No

## SOCIAL HISTORY

Who do you live with?  Family  Friends  Alone

Do you smoke?  Yes How many packs per day? \_\_\_\_\_  No

Do you drink alcohol?  None  Rarely  Socially  Daily

## REVIEW OF SYSTEMS

<input type="checkbox"/> Recent unexplained weight loss	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Blurred or double vision
<input type="checkbox"/> Hearing loss or ringing	<input type="checkbox"/> Rash or itching	<input type="checkbox"/> Chest pain
<input type="checkbox"/> Fever	<input type="checkbox"/> Blood in stool	<input type="checkbox"/> Nausea or vomiting
<input type="checkbox"/> Memory loss or confusion	<input type="checkbox"/> Bleeding or bruising tendency	<input type="checkbox"/> Burning or painful urination
		<input type="checkbox"/> Light headedness or dizziness

PRIMARY CARE PHYSICIAN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

TYPE OF INSURANCE: \_\_\_\_\_ IS THIS WORKERS COMPENSATION? \_\_\_\_\_

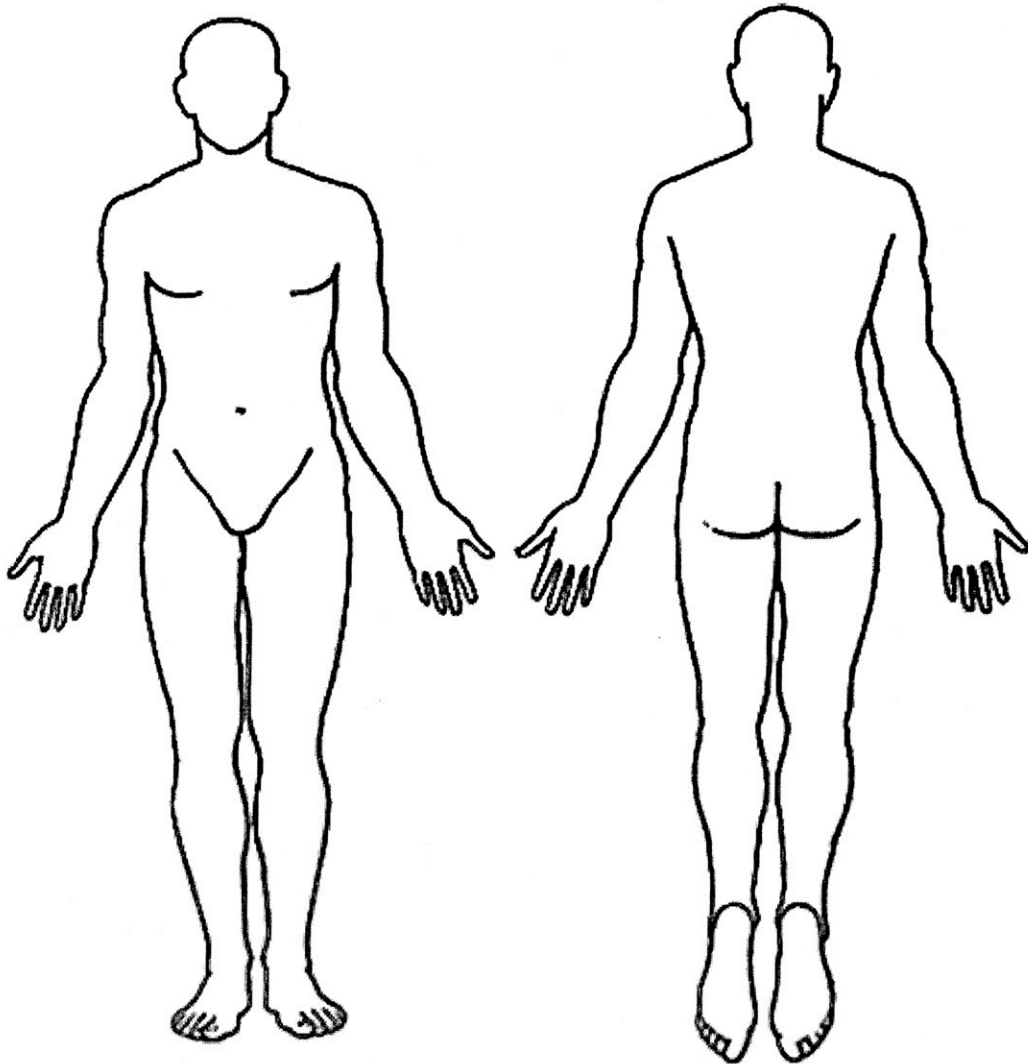
PRINT NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

**\*\* PLEASE COMPLETE OTHER SIDE\*\***

# VIRGINIA SPINE INSTITUTE

Mark the area of your body where you feel abnormal sensations and / or pain. Use the appropriate symbol. Mark areas of radiation. Include all affected areas.

- Numbness: -----
- Pins and needles: \*\*\*\*\*
- Burning: xxxxxxxxxxxxxxxxx
- Stabbing: ////////////////
- Pain: + + + + + + + + +



Please circle the number which represents your average pain over the past week:

