

## **Patient Symptoms**

Please complete the following including as much detail as possible:

<b>Primary Complaint:</b>		
<b>Symptoms:</b>		
Back/Neck/Joint Pain		
(be specific):		
~		
<b>Chronic Illness:</b>		
<b>D</b> • C		
<b>Previous Surgeries:</b>		
Health History		
Health History:		
<b>Current Medications:</b>		
Current Medications.		
Allergies:		
Time gres.		
Anything else we		
should know?		