LANCASTER
NEUROSCIENCE
& SPINE ASSOCIATES

VITALS BP: _____ P: _____ R: _____ WT: ____ INITIALS/DATE: _____

DATE: _____

MEDICAL INFORMATION

The following information is very important to us in evaluating your health. Please fill out this 3-page form completely, and let us know if you have any questions.

NAME _____

DATE OF BIRTH _____

CHIEF COMPLAINT (WHAT PROBLEM ARE YOU BEING SEEN FOR TODAY?)

_____

_____

_____

WITH REGARD TO THE ABOVE, HAVE YOU HAD ANY OF THE FOLLOWING TESTS OR X-RAYS?

CAT SCAN

YES NO BODY PART SCANNED _____

WHERE _____ WHEN _____

MRI SCAN

YES NO BODY PART SCANNED _____

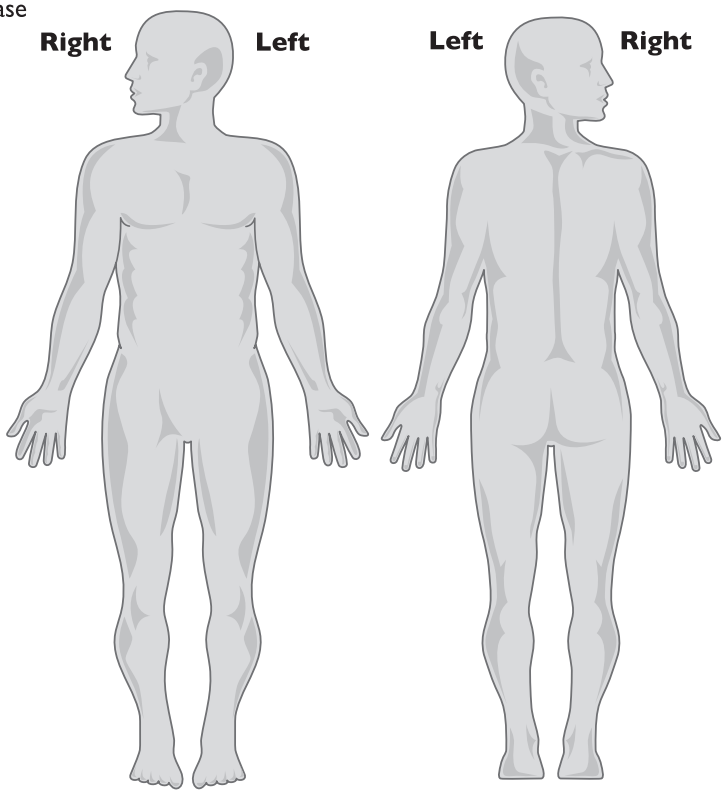
WHERE _____ WHEN _____

EMG

YES NO

WHERE _____ WHEN _____

OTHER _____



If you are here for pain,
please shade the area above that is painful

ALL PRESCRIPTION AND NON-PRESCRIPTION VITAMINS AND SUPPLEMENTS

WHAT	DOSAGE	HOW OFTEN

MEDICATION ALLERGIES	WHAT HAPPENED?

TYPE OF WORK _____

HEAVY **MEDIUM** **LIGHT** **SEDENTARY**

(PLEASE CIRCLE)

ARE YOU PREGNANT? **YES** **NO**

DO YOU SMOKE? **YES** **NO**

HOW MUCH PER DAY? _____

DO YOU DRINK ALCOHOL? **YES** **NO**

HOW MANY DRINKS PER WEEK? _____

ARE YOU ALLERGIC TO X-RAY DYE? **YES** **NO**

ARE YOU ALLERGIC TO LATEX? **YES** **NO**

Please continue to page 2

MEDICAL HISTORY

NAME _____

	SELF		FAMILY	
ILLNESS	YES	NO	YES	RELATION
DIABETES	☐	☐	☐	_____
HIGH BLOOD PRESSURE	☐	☐	☐	_____
ASTHMA	☐	☐	☐	_____
HEPATITIS	☐	☐	☐	_____
HEART DISEASE	☐	☐	☐	_____
KIDNEY	☐	☐	☐	_____
CANCER	☐	☐	☐	_____
LUNG	☐	☐	☐	_____
SEIZURES	☐	☐	☐	_____
THYROID	☐	☐	☐	_____
SICKLE CELL	☐	☐	☐	_____
MIGRAINE	☐	☐	☐	_____
JAUNDICE	☐	☐	☐	_____
STROKE OR TIA	☐	☐	☐	_____
LUPUS	☐	☐	☐	_____
PEPTIC ULCER	☐	☐	☐	_____
OTHER	☐	☐	☐	_____

PLEASE LIST ANY PRIOR HOSPITAL ADMISSIONS, SURGICAL PROCEDURE OR PAST MEDICAL PROBLEMS

PROBLEM / PROCEDURE _____

WHERE _____ WHEN _____

PROBLEM / PROCEDURE _____

WHERE _____ WHEN _____

PROBLEM / PROCEDURE _____

WHERE _____ WHEN _____

PROBLEM / PROCEDURE _____

WHERE _____ WHEN _____

PROBLEM / PROCEDURE _____

WHERE _____ WHEN _____

Please continue to page 3