Richard D. Myers, D.C. 1722 East Main Street, Waynesboro, PA 17268 (717) 762-8737

CASE HISTORY UPDATE

In order for us to best serve you, and so that we may bring your original case history up to date, please provide us with the following information. If your **current** symptoms were caused by an auto accident or work-related injury, please close this form and download the MVA or W/COMP Update form from our website. Thank you.

PLEASE PRINT

Name _____ Soc. Sec.# _____ D.O.B. _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Work _____ Ext. _____ Cell _____

For text msg reminders, list service provider: _____ Email _____

Employer: _____ Emergency Contact _____ Ph. # _____

Any change in Marital Status? Yes No If Yes circle one: Married Divorced Widowed Separated

Insurance Co.: _____ Subscriber _____ Sub. D.O.B. _____

1. List present complaints (describe fully): _____

_____

2. Symptom Frequency: ❑ Occasional (0-25%) ❑ Intermittent (26-50%) ❑ Frequent (51-75%) ❑ Constant (76-100%)

3. Pain Type: ❑ Dull ❑ Sharp ❑ Sore ❑ Stabbing ❑ Ache ❑ Burning ❑ Numb ❑ Stiffness ❑ Throbbing
❑ Other _____

4. Date of Onset: _____ What do you believe caused this condition? _____

_____

5. Symptoms are worse when? ❑ Standing ❑ Bending ❑ Turning ❑ Lifting ❑ Walking ❑ Rising ❑ Sleeping
❑ Looking Up/Down ❑ Working Overhead ❑ Coughing/Sneezing ❑ Sitting ❑ Driving ❑ Vacuum/Mop
❑ Other _____

6. Symptoms are better when? ❑ Lying on side ❑ Sitting ❑ Standing ❑ Bending ❑ Walking ❑ Stretching
❑ Heat ❑ Ice ❑ Pain medication _____ ❑ Other _____

7. Previous treatment before today for **this episode**: _____

8. Any auto/home accidents or falls since your last visit? ❑ No ❑ Yes List: _____

_____

9. Any surgeries since last visit? ❑ No ❑ Yes List: _____

10. Any **new** diagnosed conditions? ❑ No ❑ Yes List: _____

_____

11. Have you had xrays/MRI taken since your last visit? ❑ No ❑ Yes Facility: _____

12. Current medications: _____

13. Family doctor: _____ Date of last physical: _____

14. Other information the doctor should know regarding this condition: _____

_____

_____ / / _____

Patient signature Date Account #

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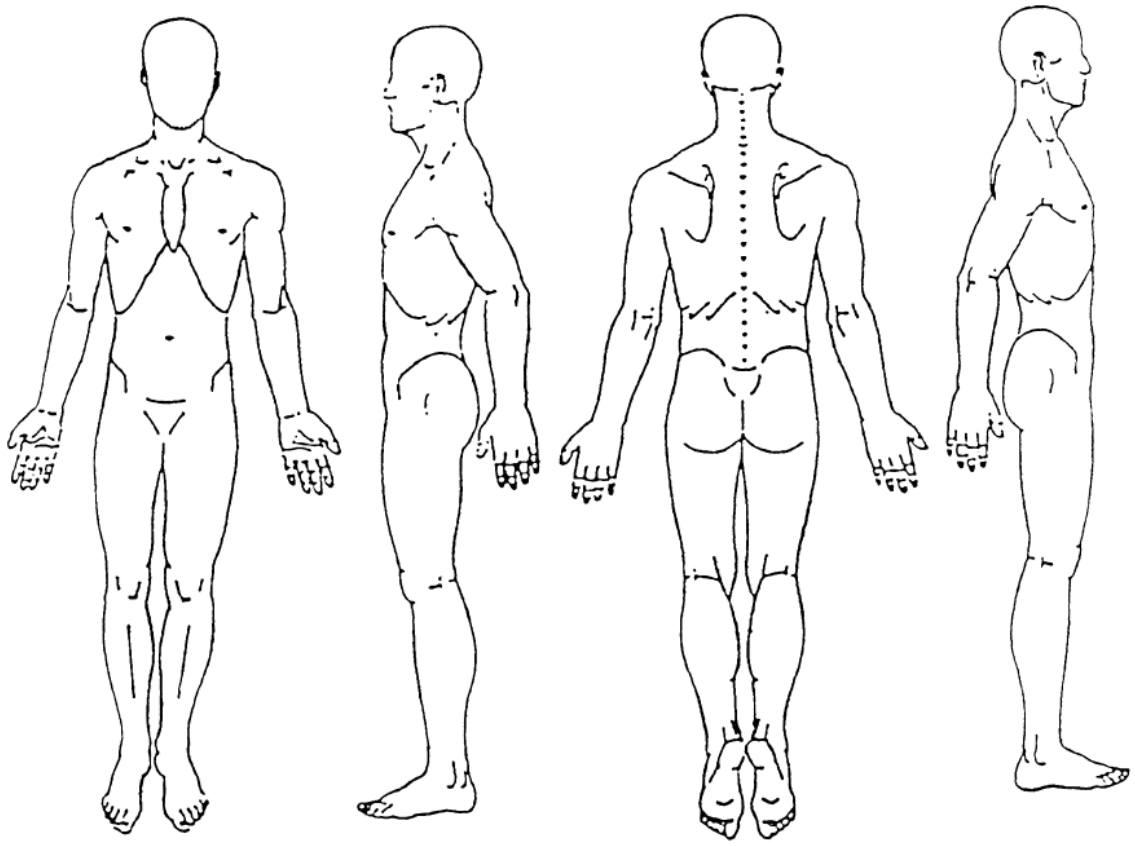
PAIN DRAWING

Using the following descriptive symbols, draw the location of your pain on the body outlines below

Ache	Burning	Numbness	Pins & Needles	Stabbing	Other
^^^^^^	======	000000	.....	//////////	XXXXXX
^^^^^^	======	000000	.....	//////////	XXXXXX



CIRCLE THE PAIN LEVEL THAT BEST DESCRIBES YOUR CURRENT SYMPTOMS:

0 = NONE

1 = MINIMAL

2 = VERY MILD

3 = MILD

4 = MILD TO MODERATE

5 = MODERATE

6 = MODERATE TO SEVERE

7 = MILDLY SEVERE, RESTRICTS SOME ACTIVITY

8 = SEVERE, LIMITS MOST ACTIVITY

9 = VERY SEVERE

10 = SUICIDAL, UNBEARABLE PAIN

Patient signature / / Date Account #