

CONFIDENTIAL CASE HISTORY

This confidential case history will be a part of your records. Your responses are important for the doctor to assess your condition. Please be as thorough and accurate as you can. Thank you!

Name: _____ Date: _____
LAST FIRST MI MO-DAY-YR
 Birthdate: _____ Age: _____ Yrs Sex: M F Height: _____ Weight: _____ lbs
MO-DAY-YR

What is your major complaint? _____

How long have you had this condition? _____

What makes your condition worse? _____

What makes your condition better? _____

How do you rate your condition? Improved Unchanged Getting Worse

Which, if any, is your condition interfering with (check all that apply)? Work Sleep Daily Routine

Briefly explain: _____

What do you think caused this condition? _____

Signature: _____

Parent Guardian: _____