DR. JAMES E. CASPER 2526 GENESEE ST. UTICA, NY 13501 (315)797-0013

CONSULTATION

NAME_____ DATE_____

MAJOR COMPLAINT_____

GRADE INTENSITY: 0 1 2 3 4 5 6 7 8 9 10
NONE---------SEVERE

FREQUENCY:I -INTERMITTENT C-CONSTANT
DURATION OF PAIN_____

OTHER COMPLAINTS_____

GRADE INTENSITY: 0 1 2 3 4 5 6 7 8 9 10
NONE ----------SEVERE

FREQUENCY: I - INTERMITTENT C-CONSTANT
DURATION OF PAIN_____

DESCRIBE HOW ONSET OCCURRED OF MAJOR COMPLAINT_____
_____

ETIOLOGY (CAUSE) UNKNOWN_____WHEN FIRST NOTICED THIS:_____
HAS THIS HAPPEN BEFORE? YES_____NO_____ WHEN?_____

WORSE : AM / PM BETTER: AM/ PM ANY POSITION RELIEVE?_____

HAS IT EVER RADIATED INTO LEGS OR ARMS? YES___NO___ RT____LT____WHEN_____

OTHER DR.(S) SEEN FOR THIS CONDITION?_____
FAMILY DR.'S NAME & LOCATION_____

OTHER TEST DONE:
X-RAYS WHERE:_____WHEN:_____CT SCAN WHERE:_____WHEN:_____

MRI WHERE:_____WHEN:_____OTHER(EXPLAIN):_____WHEN:_____

WHAT HAVE YOU DONE FOR CONDITION?_____DID IT HELP_____
HAS ANYONE RECOMMENDED SURGERY?_____
MEDICATION: (IF SO WHAT?)_____HOW LONG?_____

ANY OTHER CURRENT HEALTH PROBLEMS?_____
_____
PAST HEALTH PROBLEMS?_____

FOR OFFICE USE

PERSONAL HISTORY : GH _____BP_____ B/B_____ CA_____DIAB_____
FAMILY HISTORY: M-MOTHER F-FATHER B-BROTHER S- SISTER
BP_____ CA_____DIAB_____ SPINAL PROBLEMS_____OTHER_____

HOW HAS YOUR ACTIVITY LEVEL OR HEALTH CHANGED ? WHAT ACTIVITIES CAN'T YOU DO SINCE YOUR CONDITON STARTED ?

SITTING _____ HOUSE WORK _____ HOBBY _____STAND _____YARDWORK _____SPORTS _____WALK_____
DRIVE _____OCCUPATION _____PERSONAL CARE_____SLEEEP WELL _____OTHER_____