PRECISION
SPINAL CARE

Precision Spinal Care
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SYSTEMS REVIEW

Today's Date (MM/DD/YY) _____

Patient Number (office use only) _____

Patient name: _____

MUSKCULOSKELETAL:

- ❑ Arthritis
- ❑ Foot/ankle pain
- ❑ Hip diorders
- ❑ Leg problems
- ❑ Poor Posture
- ❑ Shoulder/arm problems
- ❑ Cramping
- ❑ Fracture
- ❑ Implants or plates
- ❑ Osteoporosis
- ❑ Rheumatoid arthritis
- ❑ Swelling, redness, deformity of joint(s)
- ❑ Elbow/wrist pain
- ❑ Gout
- ❑ Knee
- ❑ Pins or screws
- ❑ Scoliosis

NEUROLOGICAL:

- ❑ Anxiety and/or panic
- ❑ Dizziness
- ❑ Loss of bowel/bladder control
- ❑ MS
- ❑ Pins & needles
- ❑ Temporary loss of vision, smell, hearing
- ❑ Cold hands or feet
- ❑ Epliepsy or seizures
- ❑ Loss of smell or taste
- ❑ Numbness and tingling
- ❑ Progressive neurological disease
- ❑ Vertigo
- ❑ Depression
- ❑ Headache
- ❑ Memory issues
- ❑ Parkinsons
- ❑ Stroke
- ❑ Weak muscles

HEAD & ENT:

- ❑ Blurred or double vision
- ❑ Chronic ear infections
- ❑ Ear or hearing problems
- ❑ Eye surgery
- ❑ Gum problems
- ❑ Nose congestion or sinus trouble
- ❑ Ringing in the ears
- ❑ TMJ problems
- ❑ Cataracts
- ❑ Dental problems
- ❑ Earache
- ❑ Eyeglasss or contact lenses
- ❑ Headache or migraines
- ❑ Postnasal drip
- ❑ Sore Throat
- ❑ Changes in head dimensions
- ❑ Difficulty swallowing
- ❑ Eye or vision problems
- ❑ Glaucoma
- ❑ Hoarseness
- ❑ Recent hearing loss
- ❑ Swollen lymph nodes

CARDIOVASCULAR:

- ❑ Anemia
- ❑ Congenitial heart defect
- ❑ Dyspnea
- ❑ Heart disease
- ❑ High cholesterol or triglycerides
- ❑ Lower extremity edema
- ❑ Swollen legs or feet
- ❑ Blood clots
- ❑ Cornonary artery disease
- ❑ Excessive bruising
- ❑ Heart murnur
- ❑ Leg pain upon walking
- ❑ Palpitations
- ❑ Varicose veins
- ❑ Chest pain or tightness
- ❑ Dizziness
- ❑ Heart attack
- ❑ High blood pressure
- ❑ Low blood pressure
- ❑ Rheumatic fever

RESPIRATORY:

- ❑ Apnea
- ❑ Bronchitis
- ❑ Persistent cough
- ❑ Snoring issues
- ❑ Asthma
- ❑ Emphysema
- ❑ Pneumonia
- ❑ Tuberculosis
- ❑ Blood in sputum
- ❑ Hay fever
- ❑ Shortness of breath
- ❑ Wheezing

System Review • Rev. 07/2020 • PrintLine Graphics

GASTROINTESTINAL:

- ❑ Abdominal pain
- ❑ Changes in bowel habits
- ❑ Constipation
- ❑ Food sensitivities
- ❑ Hemorrhoids
- ❑ Liver disease
- ❑ Severe diarrhea
- ❑ Black or bloody stool
- ❑ Colitis
- ❑ Crohn's disease
- ❑ Gastric reflux
- ❑ Irritable bowel syndrome
- ❑ Nausea or vomiting
- ❑ Ulcer
- ❑ Bloating
- ❑ Colon cancer or colon polyps
- ❑ Difficulty swallowing
- ❑ Heartburn
- ❑ Jaundice
- ❑ Pancreatitis
- ❑ Vomiting

GENITOURINARY:

- ❑ Blood in the urine
- ❑ Painful or frequent urination
- ❑ Urinary infections
- ❑ Incontinence
- ❑ Sexual dysfunction
- ❑ Venereal disease
- ❑ Kidney stones
- ❑ Urgency

ENDOCRINE:

- ❑ Cushing's syndrome
- ❑ Feeling hot or cold all the time
- ❑ Hyperthyroidism
- ❑ Increased urination
- ❑ Polyuria
- ❑ Testosterone deficiency
- ❑ Diabetes
- ❑ Heat or cold intolerance
- ❑ Hypothyroidism
- ❑ Kidney disease
- ❑ Purple striae (stretch marks)
- ❑ Thyroid problems
- ❑ Excessive thirst
- ❑ Hyperparathyroidism
- ❑ Increase size of hand or feet
- ❑ Pancreatic conditions
- ❑ Steroid treatments

DERMATOLOGICAL/HEMOPOIETIC:

- ❑ Blood in stool
- ❑ Eczema
- ❑ Flushing
- ❑ Psoriasis
- ❑ Skin trouble or rashes
- ❑ Change in hair or nails
- ❑ Excessive acne
- ❑ Gum bleeding
- ❑ Skin cancer
- ❑ Easy bruising
- ❑ Excessive hair loss
- ❑ Hyper/hypo pigmentation
- ❑ Skin pigmentation issues

ALLERGY/SENSITIVITY:

Environmental:

- ❑ Animal dander/fur
- ❑ Latex
- ❑ Seafood
- ❑ Therapeutic heat sensitivity
- ❑ Dairy
- ❑ Nuts
- ❑ Tape or Adhesive
- ❑ Wheat
- ❑ Dust
- ❑ Pollen
- ❑ Therapeutic cold sensitivity

Medicinal:

- ❑ Anti-Seizure medication
- ❑ IV contrast dye
- ❑ Penicillin
- ❑ Cephalosporins
- ❑ Local anesthesia
- ❑ Sulfonamides
- ❑ General anesthesia
- ❑ NSAID

SURGERIES:

- ❑ Spinal fusion with hardware
- ❑ Shoulder - right
- ❑ Knee - left
- ❑ Appendectomy
- ❑ C-section
- ❑ Carpal tunnel - left
- ❑ Cataract - right
- ❑ Cosmetic - nose
- ❑ Cosmetic - tummy tuck
- ❑ Gall bladder removed
- ❑ Hysterectomy - complete
- ❑ Lasik
- ❑ Tonsils
- ❑ Wisdom teeth
- ❑ Spinal surgery no hardware
- ❑ Hip replacement - left
- ❑ Knee - right
- ❑ Bunionectomy
- ❑ Cardiac bypass
- ❑ Carpal tunnel - right
- ❑ Cosmetic - breast reduction or enlargement
- ❑ Discectomy level
- ❑ Ganglion cyst
- ❑ Hysterectomy - partial
- ❑ Mastectomy
- ❑ Tonsils and adenoids
- ❑ Shoulder - left
- ❑ Hip replacement - right
- ❑ Abdominal aortic aneurysm repair
- ❑ Cardiac valve replacement
- ❑ Cataract - left
- ❑ Cosmetic - face lift
- ❑ Cosmetic - other
- ❑ Ear tubes
- ❑ Gastric bypass
- ❑ Implants
- ❑ Thyroidectomy
- ❑ Transplant

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Consultation Notes

Doctor's Initials / Date

MEDICATIONS:

- ❑ Over-the-counter
- ❑ Steroidal anti-inflammatory
- ❑ Muscle relaxer
- ❑ Anti-acid
- ❑ CBD
- ❑ Hallucinogenic
- ❑ Sleeping pills
- ❑ Prescription
- ❑ Pain reliever
- ❑ Anti-seizure
- ❑ Anti-viral
- ❑ Chemotherapy
- ❑ Marijuana
- ❑ Stimulant
- ❑ NSAID
- ❑ Opioid
- ❑ Anti-depressant
- ❑ Aspirin
- ❑ Codeine
- ❑ Mood elevator
- ❑ Tranquilizer

ACCIDENTS:

- ❑ Single automobile accident
- ❑ Multiple slips and falls
- ❑ Single boating accident
- ❑ Resulting in permanent injury or disability
- ❑ Resulting in sprains/strains
- ❑ Multiple automobile accidents
- ❑ Single motorcycle accident
- ❑ Multiple boating accidents
- ❑ Resulting in hospitalization(s)
- ❑ Resulting in loss of consciousness
- ❑ Slip and fall
- ❑ Multiple motorcycle accidents
- ❑ Resulting in fracture(s)
- ❑ Resulting in no significant injury or loss

HISTORY OF CANCER: ❑ Yes ❑ No

SIGNIFICANT FAMILY MEDICAL HISTORY (Cancer, Heart Disease, Stroke):

_____

_____

WORK HABITS:

- ❑ Cannot work due to presenting condition
- ❑ Full-time
- ❑ Retired
- ❑ 0 to 20 hrs. per week
- ❑ 50 to 60 hrs. per week
- ❑ Mostly sitting
- ❑ Light labor
- ❑ Sedentary
- ❑ Telephone
- ❑ Relaxed
- ❑ Permanently fully disabled
- ❑ Part-time
- ❑ Student
- ❑ 20 to 40 hrs. per week
- ❑ 60 to 70 hrs. per week
- ❑ Mostly standing
- ❑ Moderate labor
- ❑ Computer
- ❑ Difficult
- ❑ Stressful
- ❑ Permanently partially disabled
- ❑ Homemaker
- ❑ Unemployed
- ❑ 40 to 50 hrs. per week
- ❑ Over 70 hrs. per week
- ❑ Mostly walking
- ❑ Heavy labor
- ❑ Repetitive
- ❑ Enjoyable

SOCIAL HABITS:

- ❑ Does not drink alcohol
- ❑ Is a moderate drinker
- ❑ Is a recovering alcoholic
- ❑ Ex-smoker
- ❑ Drinks 2 to 4 cups of caffeine per day
- ❑ Does not use recreational drugs
- ❑ Heavy use of recreational drugs
- ❑ Is a social drinker
- ❑ Is a heavy drinker
- ❑ Current every day smoker
- ❑ Does not drink caffeine
- ❑ Drinks 5 or more cups of caffeine per day
- ❑ Is drug addicted
- ❑ Is a light drinker
- ❑ Is an alcoholic
- ❑ Current some day smoker
- ❑ Drinks 1 cup of caffeine in the morning
- ❑ Light use of recreational drugs
- ❑ Is recovering drug addict

EXERCISE HABITS:

- ❑ None
- ❑ Few times a week
- ❑ Cardio
- ❑ Occassionally
- ❑ Every other day
- ❑ Strength training/weight trainig
- ❑ Once a week
- ❑ Daily
- ❑ Other: _____

DIET AND NUTRITION:

- ❑ Unbalanced/not healthy
- ❑ Know I eat too much
- ❑ High protein
- ❑ Eat junk food regulary
- ❑ Healty and balanced
- ❑ Low Carbohydrates
- ❑ Drink soft drinks
- ❑ Drink mainly water
- ❑ Vegan
- ❑ Other: _____

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