

EBNS
East Bay Neurosurgery and Spine

A Medical Corporation

MEDICAL HISTORY FORM

Date: _____

Name: _____

Age: _____ Height: _____ Weight: _____

Primary Physician: _____ Referring Physician: _____

Please describe the main problem that brings you here today: _____

How long has this problem been bothering you? _____

Rate your most common pain(circle one) (0=mild; 10=acute) 0 1 2 3 4 5 6 7 8 9 10 Worse

Where is your pain? _____

What makes your pain better? _____

What worsens your pain? _____

What has been tried: Therapy Injections Other _____

Right Handed Left Handed

Past or current medical problems (e.g. High blood pressure, heart disease, etc): _____

List all current medications:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Allergies to medications: _____

Alcohol Use: Never Occasional Frequent Heavy

Smoking: Never Packs per day: _____ How long: _____ years

Occupation: _____ If not working, Date last worked: _____

Marital Status: Married Divorced Widowed Single Do you live alone? Y N

Family history of brain or spine problems? _____

Check if you have any of these symptoms:

- | | | | |
|--|---|--|---|
| <input type="radio"/> Dizziness | <input type="radio"/> Diabetes | <input type="radio"/> Swelling of legs | <input type="radio"/> Vision problems |
| <input type="radio"/> fevers | <input type="radio"/> Frequent uriantion | <input type="radio"/> Headaches | <input type="radio"/> Recent weight loss |
| <input type="radio"/> Sleep apnea | <input type="radio"/> Hearing problems | <input type="radio"/> Recent weight gain | <input type="radio"/> Constipation/Diarhhea |
| <input type="radio"/> Fatigue | <input type="radio"/> Chest Pains | <input type="radio"/> Erectile dysfunction | <input type="radio"/> Nasea/Vomitting |
| <input type="radio"/> Breathing problems | <input type="radio"/> Depression | <input type="radio"/> Heart problems | <input type="radio"/> Arthritis |
| <input type="radio"/> Problems with anesthesia | <input type="radio"/> High blood pressure | <input type="radio"/> Abdominal pain | <input type="radio"/> Bleeding problems |