



This questionnaire will help us find out more about your health and your health history for your scheduled appointment. These topics will be discussed in more detail during your visit.

Name: _____ Age: _____ Date: _____

What is the main **problem or symptoms** that bring you to see us today?

Please list your **medications** or provide list:

Have you already seen a provider to evaluate this problem? Yes No
Where? When?

Have you done any testing for this problem? Yes No
Including **x-ray, ultrasound, CT scan, MRI** or any other relevant testing.
Where? When?

Have you been to the **Emergency Department**? Yes No
Where? When?

Have you had **Lab Work** done to evaluate this problem? Yes No
Where? When?