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CHIEF COMPLAINT

Please briefly describe the purpose of this visit.

HISTORY OF PRESENT ILLNESS

What problems are you experiencing?

Does anything make the problem better? If so, what?

Does anything make the problem worse? If so, what?

List all the treatments, including medications and surgeries you have had for this problem.

List any tests you have had for this problem (MRI, CT, EMG, EEG, blood)

How much pain have you had in the last week (no pain 0 to maximum 10)

PAST MEDICAL HISTORY

List current health problems

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Allergies

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