

# CURRENT MEDICAL HISTORY

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**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please assist me by letting me know the reason you are here to see me today:**

**Location:** \_\_\_\_\_  
(Where is the pain/problem?)

**Quality:** \_\_\_\_\_  
(Example: Does it ache, burn, etc.? Pain after rest or after activity, etc.?)

**Severity:** \_\_\_\_\_  
(How severe is the pain/problem on a scale of 1-5 with 5 being the most severe?)

**Duration:** \_\_\_\_\_  
(How long have you had this pain/problem? When did it start?)

**Timing:** \_\_\_\_\_  
(Does the pain/problem occur at a specific time?)

**Context:** \_\_\_\_\_  
(Where were you at the onset of the pain/problem?)

**Associated signs/symptoms:**

(What other associated problems have you been having?)

**Modifying factors:**

(What makes the pain/problem worse or better? Have you had previous episodes?)