



**APPALACHIAN PHYSICAL MEDICINE**  
2204 Pavilion Drive, Ste. 107  
Kingsport, TN 37660  
**MEDICAL HISTORY QUESTIONNAIRE**

It is important that you completely fill out the questionnaire we have sent you regarding your past medical history, past surgical history, present illnesses and treatments. This information assists us in deciding your best course of treatment. Failure to provide complete and/or accurate information will adversely impact our ability to provide you with appropriate care.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

What is the reason for your visit today? \_\_\_\_\_

Please list any specialists or surgeons that you have seen for your problem: \_\_\_\_\_

\_\_\_\_\_

<b>TREATMENT FOR CURRENT SYMPTOMS</b> (Please circle all that apply)
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- |                             |                              |                             |
|-----------------------------|------------------------------|-----------------------------|
| Epidural steroid injections | Facet blocks                 | Trigger point injections    |
| SI joint injections         | Botox injections             | Muscle relaxants            |
| Lyrica                      | Neurontin                    | Oral or injectable steroids |
| Narcotics                   | NSAIDs (anti-inflammatories) | Tramadol                    |
| Tylenol                     | Acupuncture                  | Chiropractic adjustments    |
| Massage                     | Rest                         | Ice                         |
| Heat                        | Physical Therapy             | Traction                    |
| TENS unit                   | Bracing                      | Lidoderm patches            |
| Flector patches             | Voltaren gel                 |                             |

Other: \_\_\_\_\_