Vitality Healthcare

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Reason for Visit

Patient Name: ________________ Date: _________

What is your chief complaint today?

Describe the problem or condition that is causing you to seek care.

When did this condition begin?

How would you classify this condition? ☐ Minor ☐ Chronic ☐ Serious ☐ Severe

Please rate your pain level (10 being the highest) _____________

Select any of these that describe your pain:

☐ Sharp ☐ Stabbing ☐ Burning ☐ Dull ☐ Sore ☐ Weak ☐ Throbbing

☐ Gripping ☐ Tingling ☐ Cramping ☐ Pins & Needles/Prickly ☐ Numb ☐ Shooting

☐ Other, Please explain:

Does this condition interfere with:

☐ Work ☐ Sleep ☐ Daily Routine ☐ Other Activities

If so, please explain:

Since the problem began, is the problem: ☐ Increasing ☐ Decreasing ☐ Not Changing

Did this problem begin:

☐ Immediately following a specific incident ☐ With multiple incidents ☐ Gradually over time

Have you sought other treatment for this condition? If so, what is the doctor/therapist name and what were the results?

Surgical History/Procedure History:

Surgery/Procedure	Date	Reason Performed/Result
________________________	___________	____________________________________
________________________	___________	____________________________________
________________________	___________	____________________________________
________________________	___________	____________________________________
________________________	___________	____________________________________

Health Habits

Do you smoke?

☐ Yes ☐ No Amount _________

Do you drink alcohol?

☐ Yes ☐ No Amount _________

Do you drink coffee, tea or soda?

☐ Yes ☐ No Amount _________

Do you exercise regularly?

☐ Yes ☐ No Amount _________

Do you wear?

☐ Heal lifts ☐ Sole lifts

☐ Inner Soles ☐ Arch Supports

What is your occupation? ___________________________

What is your stress level? (Scale 1-10 with 10 being the highest) _____________