AUSTIN ALLEN GENTRY, D.C., PT.
899 N. Wilmot Rd., Suite A-3
Tucson, AZ 85711
(520) 745-0545

CASE HISTORY UPDATE

Name_____Date_____

Current Address_____

Phone_____Alt/Work Phone_____

Current complaint for this visit_____

Since last visit, have you had any of the following: Falls_____

Surgery_____Accidents_____

New Medical Condition(s) or Medications_____

_____

Last Physical?_____Last visit here?_____

Since my last visit here, I have been seen by Dr._____for_____

_____

Insurance_____

Patient comments:_____

_____

_____

_____
Patient Signature

Name_____ Date_____

Austin Allen Gentry, DC, PT

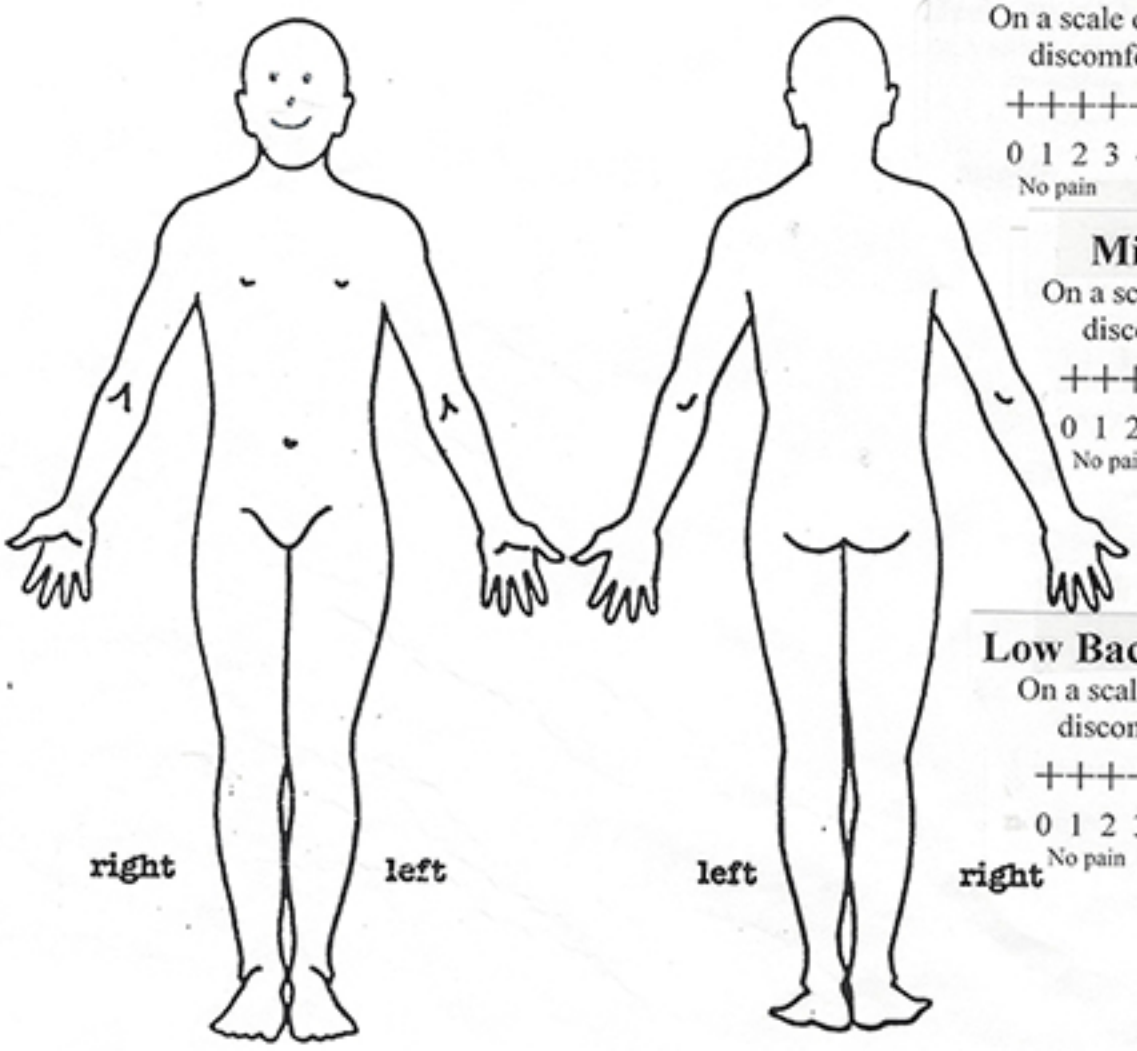
SHOW AREA(S) OF PAIN OR UNUSUAL FEELING

Mark the areas on this body where you feel the described sensations.
Use the appropriate symbols.
Mark areas of radiation.
Include all affected areas.

Numbness	Pins & Needles	Burning	Aching	Stabbing
- - - - -	00000	xxxxx	*****	/////
- - - - -	00000	xxxxx	*****	/////
- - - - -	00000	xxxxx	*****	/////

Please mark on the pain scale from Zero to 10 the pain you feel with this condition. 10 being the worst pain you have felt with this condition.

Pain Chart



Neck-Shoulder-Arm Pain

On a scale of 0-10, I rate my discomfort as follows:

0 1 2 3 4 5 6 7 8 9 10

No pain Severe pain

Mid Back Pain

On a scale of 0-10, I rate my discomfort as follows:

0 1 2 3 4 5 6 7 8 9 10

No pain Severe pain

Low Back and Leg Pain

On a scale of 0-10, I rate my discomfort as follows:

0 1 2 3 4 5 6 7 8 9 10

No pain Severe pain

Date:_____

_____

Signature