

Before you began to suffer with this problem, was there an prior accident, injury or condition that may have been directly related to your problem? (Ex: fall, auto injury, work injury, sports trauma, repetitive motion on the job)

Since the time you began suffering from this problem, what if anything have you tried that did *not* work on a permanent basis? (Ex: ice, heat, rest, over the counter Meds, etc.)

Has anything you've tried thus far, fixed your problem (now or in the past) or help it even temporarily? (describe below)

When the problem is at its worst, can you explain in your own words how it feels?

How does this problem affect your:

Family _____

Work _____

Hobbies _____

What activity(s) does this problem prevent you from doing either partially, or totally. that you would like to be doing again? _____

Bring forms with you to your appointment
OR
Email forms to drcheryl4141@gmail.com