

CURRENT HEALTH STATUS

HUMBLE WELLNESS CLINIC
1707 FM 1960 BYPASS E, STE B
HUMBLE, TX 77338
(281) 540 7201

NAME _____ DATE _____

PLEASE LIST, IN ORDER OF IMPORTANCE, WHAT YOUR CURRENT CONCERNS ARE:

CONCERN #1 _____

HOW LONG HAVE YOU HAD THIS CONDITION? _____

HOW DID THIS BEGIN? PLEASE BE DETAILED _____

IS THERE ANYTHING THAT WILL RELIEVE THIS CONDITION? _____

IS THERE ANYTHING THAT WILL WORSEN THIS CONDITION? _____

IS YOUR CONDITION CONSTANT OR DOES IT COME AND GO? IF IT COMES AND GOES, PLEASE EXPLAIN WHEN _____

PLEASE LIST (1)HEALTH PRACTITIONERS SEEN FOR THIS, (2)WHAT TREATMENTS WERE USED, AND (3) HOW EFFECTIVE THEY WERE

WHAT DIAGNOSIS OR EXPLANATION(S), IF ANY, HAVE BEEN GIVEN TO YOU FOR THESE CONCERNS? _____

PLEASE USE THIS SPACE TO PROVIDE ANY ADDITIONAL DETAILS THAT WERE NOT COVERED ABOVE _____

CONCERN #2 _____

HOW LONG HAVE YOU HAD THIS CONDITION? _____

HOW DID THIS BEGIN? PLEASE BE DETAILED _____

(CONT. NEXT PAGE)

IS THERE ANYTHING THAT WILL RELIEVE THIS CONDITION? _____

IS THERE ANYTHING THAT WILL WORSEN THIS CONDITION? _____

IS YOUR CONDITION CONSTANT OR DOES IT COME AND GO? IF IT COMES AND GOES, PLEASE EXPLAIN WHEN _____

PLEASE LIST (1)HEALTH PRACTITIONERS SEEN FOR THIS, (2)WHAT TREATMENTS WERE USED, AND (3) HOW EFFECTIVE THEY WERE

WHAT DIAGNOSIS OR EXPLANATION(S), IF ANY, HAVE BEEN GIVEN TO YOU FOR THESE CONCERNS? _____

PLEASE USE THIS SPACE TO PROVIDE ANY ADDITIONAL DETAILS THAT WERE NOT COVERED ABOVE _____

IF THERE IS PAIN INVOLVED, ON A SCALE OF 1 – 10 (10 BEING THE WORST POSSIBLE PAIN YOU CAN THINK OF), HOW WOULD YOU RATE THIS PAIN:
RIGHT NOW? ___/10 THE WORST POINT? ___/10 THE BEST POINT? ___/10

PLEASE INDICATE THE AREA OF COMPLAINT AND WRITE WHAT KIND OF PAIN IT IS BESIDE EACH AREA:
(FOR INSTANCE, WRITE OUT BURNING, SHARP, DULL, ETC BESIDE EACH AREA MARKED)

