WELLSPINE DECOMPRESSION P.C.
CONFIDENTIAL PATIENT CASE HISTORY

Dear Patient:
Please complete this questionaire. Your answers will help us determine if ExtenTrac Elite 3D Multi-Directional Decompression will be of benefit to your condition. We will not accept your case unless we believe your condition will respond satisfactorily.

Name: ______________________________ **Social Security #:** ________________

Address: ______________________ **City:** ____________ **State:** _____ **Zip:** ________

Home Telephone: ____________ **Cell Phone:** ____________ **Email:** ____________

Age: __ **Birthdate:** _______ **Marital Status:** ( ) Married( ) Single( ) Widowed( ) Divorced( ) Separated

Employer: ____________________ **Work Phone:** __________ **Type of Work:** __________

Name of Spouse: ____________________ **Spouces Social Security:** ______________

Name & Number Emergency Contact: ________________________ **Relationship:** ________

Who is Responsible for your bill: ______________________________________

Where are you having your pain? ______________________________________

How long have you had this condition? __________________________________

Have you had this condition in the past? ( ) Yes ( ) No **If yes, When did it first start?** __________

Is this condition getting better, worse or remaining the same over the past few weeks? __________

Have you been treated with typical linear decompression for your pain? ( ) Yes ( ) No

If Yes ; did you have relief from that type of decompression. ( ) Yes ( ) No

Are you currently taking medication for your pain? ( ) Yes ( ) No

If Yes please list medications. ______________________________________

Please list medication you currently take not related to your pain. ____________________

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Were X-ray taken for this condition? ( ) Yes ( ) No **If Yes; When** ____________________

Was an MRI performed for this condition? ( ) Yes ( ) No **If Yes ; When** ______________

Name of your current Primary Care Physician. ______________________________

Name and type of Specialist that referred you here. __________________________

( ) Neurologist ( ) Orthopedist ( ) Chiropractor ( ) Pain Management ( ) Other