



2938 Limited Lane NW, Suite D Olympia, WA 98502
Group NPI#: 1376787549 | Fed ID#: 26-3097637
Telephone: 360-866-8940 | Fax #: 360-866-8943

HEALTH REPORT

PATIENT INFORMATION

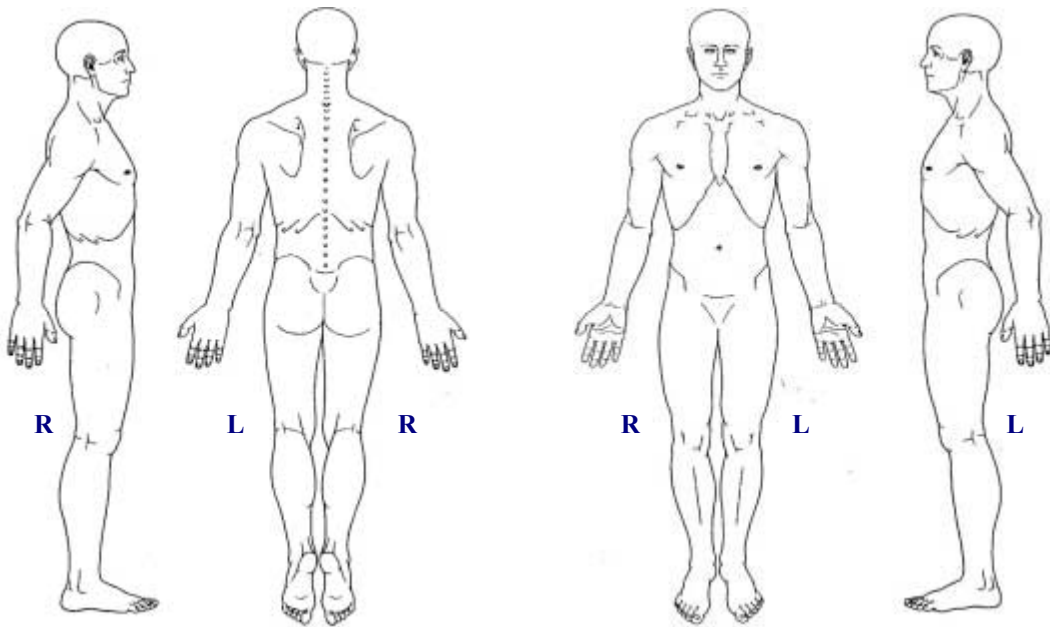
Last Name MI First Name SSN Date of Birth

CHIEF COMPLAINT

CURRENT CONDITION, WHAT BRINGS YOU TO OUR OFFICE TODAY?

Condition#1
Condition#2
Condition#3

PLEASE CLICK WHERE YOU EXPERIENCE THE PAIN:



HOW LONG HAVE YOU HAD THIS CONDITION? WHEN DID YOU FIRST NOTICE IT?

Condition#1
Condition#2
Condition#3

DO YOU KNOW WHAT COULD HAVE CAUSED IT? HOW DID IT HAPPEN?

Condition#1
Condition#2
Condition#3

Last Name First Name Date

Patient Signature



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HEALTH REPORT

PRIOR TREATMENT(S) FOR THIS CONDITION? IF SO, WHAT WAS THE TREATMENT AND DID IT HELP?

Condition#1	
Condition#2	
Condition#3	

WHAT MAKES YOUR CONDITION BETTER ? WHAT MAKES IT WORSE?

Condition#1	
Condition#2	
Condition#3	

PLEASE DESCRIBE YOUR PAIN OR SENSATION?

Condition#1	
Condition#2	
Condition#3	

IS YOUR CONDITION CONSTANT OR DOES IT COME AND GO?

Condition#1	
Condition#2	
Condition#3	

DOES YOUR PAIN TRAVEL? IF SO FROM WHERE TO WHERE?

Condition#1	
Condition#2	
Condition#3	

PLEASE RATE YOUR PAIN TODAY (0 INDICATING NO PAIN 10 THE WORST YOU HAVE EVER HAD)

Condition#1	Condition#2	Condition#3
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PLEASE RATE YOUR PAIN WHEN IT FIRST STARTED (0 INDICATING NO PAIN 10 THE WORST YOU HAVE EVER HAD)

Condition#1	Condition#2	Condition#3
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IS YOUR CONDITION BETTER OR WORSE AT DIFFERENT TIMES OF THE DAY, MONTH OR SEASONS? PLEASE EXPLAIN

Condition#1	
Condition#2	
Condition#3	

Last Name First Name Date _____ Patient Signature

HEALTHCARE PROVIDER NOTES: FOR OFFICE USE ONLY

Provider Name Title Date _____ Provider Signature