

CURRENT MEDICAL HISTORY

Joel Bowen DPM

Patient Name: _____ **Date:** _____

Please assist me by letting me know the reason you are here to see me today:

Location: _____
(Where is the pain/problem?)

Quality: _____
(Example: Does it ache, burn, etc.? Pain after rest or after activity, etc.?)

Severity: _____
(How severe is the pain/problem on a scale of 1-5 with 5 being the most severe?)

Duration: _____
(How long have you had this pain/problem? When did it start?)

Timing: _____
(Does the pain/problem occur at a specific time?)

Context: _____
(Where were you at the onset of the pain/problem?)

Associated signs/symptoms:
(What other associated problems have you been having?)

Modifying factors:
(What makes the pain/problem worse or better? Have you had previous episodes?)