

CLIENT MEDICAL HISTORY DETAILED

Include all dates, as best as possible, along with an explanation of your injury, all medical care obtained, and the names of all healthcare providers rendering that care:

Prior Neck Problems:

Prior Shoulder Problems:

Prior Back Problems:

Prior Knee Problems:

Prior Arm/Hand/Wrist Problems:

Prior Leg/Foot/Ankle Problems:

Scoliosis/Polio/Multiple Sclerosis:

Hearing/Vision/Sensory Problems:

Gunshot Wounds:

Prior Auto or Other Accidents:

Prior Workplace Accidents:

Anything Else?

Client Attestation:

I certify that the above fully and accurately describes the medical history as of today's date.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_