



NAME: _____

DOCTOR: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

What difficulties or problems are you experiencing at this time?

When are these problems worse?

When are they best?

What previous help have you received for this?

Was it helpful? _____ Why or why not?

What have you tried on your own to alleviate this problem?

When did these problems first begin?

What important things have happened to you or your family in the last twelve months?

List any medication you are now taking:

Additional Comments:
