# WEST AUGUSTA SPINE SPECIALISTS

1226 West Wheeler Parkway
**Augusta, Georgia 30909**
**(706) 922-4450**

## PATIENT HISTORY SHEET

*To be completed by patient:*

Name:______________________________Age:________Sex:___Date:______________
Referring Doctor:________________________________________________
Reason for visit:________________________________________________

Past Medical History – Patient

______________________________
______________________________
______________________________

Past Surgical History – Patient

______________________________
______________________________
______________________________

Medications you take:

______________________________
______________________________

Allergies:

______________________________
______________________________

Significant Family Medical History:
Parents:________________________
______________________________

Siblings:________________________
______________________________

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*To be completed by nurse and physician*

Social History: Smoke?_________Use Alcohol?_____________Married?___________
Occupation:__________________________________________________

Circle those systems with problem and explain on right

Eye/Ear/Nose/Throat:________________________________________
Lungs:___________________________________________________
Heart:___________________________________________________
GU (Kidney/Bladder):________________________________________
GI (Stomach/Intestines):_____________________________________
Muscles:_________________________________________________
Skin:____________________________________________________
Psychiatric:______________________________________________
Neurological:_____________________________________________
Endocrinologic:____________________________________________
Hematologic:______________________________________________

Date:______________Signature of patient:______________________________

Date:______________Signature of doctor:______________________________