

PALMETTO PAIN MANAGEMENT

PAIN MANAGEMENT & SPINAL DIAGNOSTICS

General Medical Information:

Please List **All** surgeries you have had.

_____ Date _____

_____ Date _____

_____ Date _____

Please List any other medical problems not checked above;

Please list all medications you are currently taking:

Medication	Dose	How often do you take it?
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies: _____

Please add any comments you feel would be helpful in treating your condition:

Your Signature