



NATURAL PAIN MANAGEMENT AND WELLNESS

Surgical/Injury History

Injuries: (Explain all that apply and write in the date)

Back injury

Fracture

Motor vehicle accident

Broken bones

Head injury

Soft tissue injury

Disability (ies)

Joint injury

Other _____

Fall (severe)

Laceration (severe)

Surgeries:

	Date	Procedure	Description	Imaging	
1					In Patient/ Out Patient
2					In Patient/ Out Patient
3					In Patient/ Out Patient
4					In Patient/ Out Patient
5					In Patient/ Out Patient