

Patient Name: _____ Date of Birth: _____

Which treatment have you tried to this point? Check all that apply:

- Massage Therapy
- Physical Therapy
- Acupuncture
- Heating Pads
- Cold Therapy
- Weight Loss
- Diet/Exercise
- BenGay
- Other Topical Creams
- Specialty Bra
- Sleep Bra
- Chiropractor
- Steroid Injection
- Yoga
- Stretching
- Muscle Strengthening
- Prescription Pain Medication
- Prescription Muscle Relaxer
- Whirlpool
- Powder for Rashes
- Other _____
- _____

Have you had any x-rays of your back or neck? _____

Have you used Tylenol, Advil, Aleve or Aspirin for your symptoms? If yes, which ones and how often?

Names of your other physicians that you have seen you for these symptoms and what have they recommended for relief of your symptoms?

1. _____
2. _____
3. _____