The Wellness Institute of Nashville
252 Jackson Meadow Drive
Hermitage, TN 37076

615-883-4244
WellnessInstTn.com

The WELLNESS INSTITUTE of Nashville
NO SURGERY, NO EXTRA MEDICATION, JUST RELIEF

PATIENT NAME: _____ **DOB:** ____ / ____ / _____

PLEASE INFORM US OF YOUR MEDICAL HISTORY SO WE MAY BETTER MEET YOUR NEEDS

MAJOR COMPLAINT _____

MEDICAL HISTORY

Y or N	BLADDER	Y or N	LEG PAIN
Y or N	CANCER	Y or N	LIVER
Y or N	CHEST PAIN	Y or N	LOW BACK
Y or N	COLON	Y or N	LUNG
Y or N	CONSTIPATION	Y or N	MENSTRUAL DIFFICULTIES
Y or N	DEPRESSION	Y or N	MID BACK
Y or N	DIABETES	Y or N	NECK PAIN
Y or N	FIBROMYALGIA	Y or N	NEUROPATHY
Y or N	GALL BLADDER	Y or N	POOR CIRCULATION
Y or N	HEADACHE	Y or N	PREGNANCY
Y or N	HEART	Y or N	PROSTATE PROBLEMS
Y or N	HEART DISEASE	Y or N	SEIZURES
Y or N	HEMORRHOIDS	Y or N	SHOULDER ISSUES
Y or N	HEPATITIS	Y or N	SINUS
Y or N	HIP	Y or N	STOMACH
Y or N	HISTORY CLOTS	Y or N	STROKE
Y or N	HIV	Y or N	TB
Y or N	INDIGESTION	Y or N	THYROID
Y or N	KIDNEY	Y or N	OTHER:

INJURY/ACCIDENT HISTORY

Have you ever been involved in an auto accident?	Y or N
If yes - when?	Y or N
Have you ever been injured on the job?	Y or N
If yes - when and injury type?	Y or N
Have you ever had a compression fracture of the spine?	Y or N
If yes - when?	Y or N
Do you have any hardware in your body?	Y or N
If yes - where?	Y or N
Do you have any tumors or masses?	Y or N
If yes - where?	Y or N
Have you ever experienced a serious fall?	Y or N
If yes - when?	Y or N
Have you ever broken a bone?	Y or N
If yes - where?	Y or N
Are you currently taking prescription pain medication?	Y or N
If yes - what?	Y or N
Has anyone recommended surgery for your problem?	Y or N
If yes - what?	
What steps have you taken to correct your situation?	

SURGICAL HISTORY

Please describe any surgeries or hospitalizations

MEDICATIONS

Please list any medications, OTCs or supplements