

TELEPHONE - PRE-HISTORY

(TO BE FILLED OUT DURING TELEPHONE CONVERSATION)

DATE _____

NAME _____ NEW PATIENT FORMER PATIENT

ADDRESS _____ CITY _____ STATE _____ ZIP _____ AGE _____ DATE OF BIRTH _____

PHONE # _____

INJURY PAIN AUTO ACC. ON THE JOB INJURY EMERGENCY PHYSICAL EXAM OLD OTHER _____

NATURE OF COMPLAINT: _____

PREVIOUS DR. _____ REFERRED BY _____

REMARKS _____

APPOINTMENT TIME & DATE _____ APPOINTMENT MADE BY _____