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Please Give Dr. Long information about your Most Serious Health Concerns

Patient Name _____ Date ____/____/____

My Main Health Concerns are _____

When did you first notice the problem ____/____/____ or year _____

Did it happen suddenly gradually can't remember or _____

You think it was caused by stress fatigue poor nutrition unknown or
an injury on ____/____/____ at work involving an automobile

Describe injury _____

The pain is near far from it changes it's hard to tell the original problem.

The pain can last a few minutes a few hours comes and goes it's constant

I feel the pain more when I get up late in the day during sleep or _____

What reduces the pain? _____ What makes it worse? _____

The pain is mild moderate severe varies it is getting worse better

The pain is sharp prickly tingling burning deep, achy throbbing

List the other doctors/therapists you have seen _____

The results of their treatment were good poor helped at first, then didn't help

What have you done yourself that has helped? _____

List recent surgeries with dates: _____

List current supplements: _____

List current prescription & OTC medications: _____

Mom's health _____ Dad's health _____

Family health issues _____