Oxford Health & Wellness Center
5144 College Corner Pike, Suite A
Oxford, Ohio 45056

p: 513.524.4800

f: 513.523.8631

Patient Name: _____

What is the #1 thing that brings you here today?

_____

_____

How has this been affecting you:

Personally?

_____

_____

_____

Professionally?

_____

_____

_____

Have you been told this is something you have to live with? □ Yes □ No

Have you been told that surgery is your only option? □ Yes □ No

Do you take medications of any kind to ease the symptoms you are experiencing with this? □ Yes □ No