



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