



Dr. Erik M. Fotheringham

Phone: (248) 922-3334
Fax: (248) 922-3336

CASE HISTORY UPDATE

In order for us to best serve you, and so that we may bring your original Case History up to date, please provide us with the following information:

Name: _____ Date: _____
Address: _____ City: _____
State: _____ Zip: _____ Home/Cell Number: _____
Email: _____

List present complaints (describe fully):

Duration of present condition:

What do you believe caused this condition:

Describe any falls, surgery, and/or accidents since your last visit:

Date of last physical: _____

Since your last office visit here, have you consulted another doctor [] Yes [] No

If yes, please give the doctor's name: _____

Condition for which you were treated: _____

What type of treatment did you receive? _____

Other information the doctor should know regarding this condition:

Patient's Signature: _____

Doctor's Comments: _____