

CURRENT PATIENTS WITH NEW PROBLEM

PATIENT INFORMATION (PLEASE PRINT)

Patient Name: _____ Preferred Name (if Different): _____

Age: _____ Sex: F M Height: _____ Weight: _____ Dominant Hand: R L

Primary Care Physician?: _____ Who Referred You To Us?: _____

Work Status: Employed Unemployed Disabled Retired Occupation: _____

REASON FOR VISIT:

Shoulder	Elbow	Wrist	Hand	Hip	Knee	Ankle	Foot	Neck	Back
L R	L R	L R	L R	L R	L R	L R	L R		

Numbness Pain Weakness Swelling Stiffness Other: _____

How Long Ago Did It Start?: _____ Days _____ Weeks _____ Months _____ Years

Have You Had A Problem Like This Before?: Y N

DESCRIPTION OF PROBLEM:

In this section, check the **ONE BOX** which best describes how your problem started. Then provide the information requested next to the right of the box you checked.

No Injury: Gradual Onset Sudden Onset Injury: Accident Sports Date Of Injury: _____

Injury At Work: Date Of Injury: _____ Auto Accident: Date Of Accident: _____

Please Describe Problem Briefly: _____

On A Scale of 0 – 10 (10 Is The Worst) How Severe Is Your Pain? (Circle) 0 1 2 3 4 5 6 7 8 9 10

What Is The Quality Of The Pain?: Sharp Dull Stabbing Throbbing Aching Burning None

The Pain Is: Constant Comes and goes (intermittent) Absent

Do You Have: Swelling Bruises Numbness Tingling Weakness Locking/Catching Giving Way

Since My Problem Started, It Is: Getting Better Getting Worse Unchanged

What Makes Your Symptoms Worse?: Standing Walking Lifting Exercise Twisting Lying In Bed

Bending Squatting Kneeling Stairs Sitting Coughing Sneezing Other: _____

Which Make Your Symptoms Better?: Rest Elevation Ice Heat Other: _____

TREATMENTS FOR PROBLEM:

Have You Had Any Of These Treatments?: Medication Injection Brace Physical Therapy Crutches

Were You Seen In The E.R. For This Problem?: Y N Where? _____ Date: _____

What Tests Have You Had For This Problem?: X-Rays MRI CT Scan Bone Scan Nerve Test None

Have You Ever Had Surgery For A Problem In This Same Area?: Y N

Procedure: _____ Surgeon: _____ Date: _____