

Date: _____

Referring Doctor: _____ Primary Care Doctor: _____

Patient Name: _____ Age: _____ Are you Right/Left Handed?

What hurts? _____

When did it start (or Injury Date)? _____

Was there an injury? Yes/No Is this a Worker's Comp Claim? Yes/No What happened?

How bad does it hurt on a scale of 1 to 10: 1 2 3 4 5 6 7 8 9 10

How often is the pain present? Intermittent Frequent Continuous

How would you describe the pain? Sharp Dull Throbbing Numb Tingling Other _____

Is it getting better or worse? Improving Worsening Staying the same

What makes it feel better? _____

What makes it feel worse? _____

What has been done (splints/therapy/medication)? _____

What other medical problems do you or did you have?

- High Blood Pressure Diabetes Kidney Failure Stroke Reflux
- Rheumatoid Arthritis Gout Heart Disease Asthma Stomach Ulcers
- Cancer HIV/AIDS Hepatitis Heart Attack Bleeding Disorder
- Other: _____

Please list your current medications and/or supplements:

Are you allergic to any medicines or shell fish or latex? What happens?

Medicine Reaction

What surgeries have you had (approximate dates)

Do any medical problems run in your family?

- Rheumatoid Arthritis Heart Disease Cancer Diabetes
- Anesthetic Problems Bleeding Disorder Stroke Other _____

Social History:

Tobacco? No Yes Smoke Chew Quit How much _____ # of years _____

Drink alcohol? No Yes How much: _____

Marital Status: Married Widowed Divorced Single

Patient Name: _____

Date: _____

I am:

- Employed Employer: _____ Occupation _____
- Retired
- On disability Why? _____
- In college Studying? _____
- In school What grade? _____ What are you going to be when you grow up? _____

Review of Systems/Any other medical problems? (Please circle all that apply)

Head

- Hearing loss
- Vision loss
- Dizzy spells

Skin

Any infection anywhere?

Glands

- Diabetes
- Thyroid problem

Heart/Lungs

- Chest pain/pressure
- Palpitations
- Wheezing
- Shortness of breath
- Prop up to sleep
- Emphysema
- Coughing up blood

GI

- GI Bleeding
- Heartburn/reflux
- Stomach upset w/medications
- Blood in stools
- Recent changes in bowel habits

Blood

- Blood clots
- Bleeding disorder

Urinary System

- Frequent urinary infections
- Burning with urination
- Blood in urine

Weight

- Unintentional weight gain
- Unintentional weight loss

Other Problems Not Listed:

Patient Signature: _____ Date: _____

Provider Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE