

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Who referred you? \_\_\_\_\_

Who is your primary care doctor? \_\_\_\_\_

LOC Physician: (staff: circle one)

Page Torok Bauman Highhouse Daluga Hagen Krauss

**HISTORY OF PRESENT ILLNESS:**

Describe your injury/problem: \_\_\_\_\_

What side is affected? R L      When did your injury/problem start? \_\_\_\_\_  
 Quality of pain (check): Sharp      Burning      Dull      Throbbing      Night Pain? YES NO  
 Severity (How bad does it hurt?): 1    2    3    4    5    6    7    8    9    10  
 What makes it worse? \_\_\_\_\_  
 What makes it better? \_\_\_\_\_  
 What treatments have you tried? \_\_\_\_\_  
 X-rays for this injury: YES NO      Where: \_\_\_\_\_

Help at home: YES NO      Who: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_      Dominant Hand: R L

**PAST MEDICAL HISTORY**

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Previous surgeries/hospitalizations: \_\_\_\_\_

**REVIEW OF SYSTEMS** (circle any that apply)

<u>Head/ENT</u> Hearing loss Vision loss Dizzy spells	<u>Skin</u> Any infection? Rash Itching	<u>Neuro</u> Weakness Headache Numbness, tingling	<u>Allergy</u> Environmental Sneezing fits
<u>Cardiac</u> Chest pain/pressure Palpitations Wake short of breath	<u>GI</u> GI bleeding Heartburn/reflux Stomach upset w/meds Rectal bleeding	<u>GU</u> Abdominal pain Painful urination Prostate problems Blood in urine	<u>Heme/Lymph</u> Swollen glands Bleeding problems Night sweats Easy bruising
<u>Respiratory</u> Cough Wheezing : Shortness of breath	<u>General</u> Unintentional wt. gain or loss Chills Fatigue	<u>Psych</u> Anxiety or panic Depression	

**Family History:**     Heart Disease     Cancer     Bleeding Problem     Anesthesia Problems

**Social History:**    Alcohol Use: Yes No    # of drinks /day: \_\_\_\_\_  
                                          Smoker: Yes No    # of packs/day: \_\_\_\_\_

Occupation: \_\_\_\_\_      Employer/School: \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_