

GENERAL Ortho ESTABLISHED Patient Form

Revision 7/26/11 DKA, WDA, TMG, RLW, SJS - Non-shoulder & Non-knee, HJP - Non-hand

Date: _____

_____ Name: _____ PCP: _____

Employer: _____ Occupation: _____ Age: _____ Handedness: R L

Work status: Full Light Not Disabled Homemaker Retired Auto accident? Driver/Pass/Ped Restr/Unrestr Work Comp?

Main current diagnosis LEFT RIGHT Body Part/Location: _____ Date onset symptoms or surgery: _____

Reason for appt? Routine F/U: Stable _____ % Improved Worsening
 Postop visit - Please indicate number of weeks post-op: _____
 F/U after: MRI CT Bone Scan EMG/NCV Bloodwork
Location/date: _____

Current Symptoms:

Pain: Better/Worse/The Same Any numbness?
Sharp/Dull/Achy/Burning
Intermittent/Constant
1 2 3 4 5 6 7 8 9 10 Mild Moderate Severe
Worse with:
Better with:
Night pain/Awakens from sleep

Treatment (by who?):
PT: No Yes (#wks ___ or # visits ___)
Brace?
Injections: No Yes (# ___) Relief? Yes No
Medications:

Any new problems? Yes No LEFT RIGHT Body Part/Location:
Problem/Mechanism of injury: _____

DATE OF INJURY/ONSET:
Prior injury/pain in the area?

Pain: Better/Worse/The Same Any numbness?
Sharp/Dull/Achy/Burning
Intermittent/Constant
1 2 3 4 5 6 7 8 9 10 Mild Moderate Severe
Worse with:
Better with:
Night pain/Awakens from sleep

Treatment (by who?):
PT: No Yes (#wks ___ or # visits ___)
Brace?
Injections: No Yes (# ___) Relief? Yes No
Medications:

Past, Social and Family History Update: CIRCLE POSITIVES, PUT LINES THROUGH NEGATIVES
Any illness, medical problems, allergies, new meds or surgery since last visit?

ROS: Fevers Chills Wt loss Height _____ Weight _____ Temp _____

PHYSICAL EXAM:

STUDIES:

A/P:

INJ NSAIDS EMG BRACE PT/OT MRI

Ultrasound Injections Diagnostic Ultrasound