New Patient Orthopedic History

Please complete all questions

Patient Name: _____ Date of Birth: _____

Occupation:_____

Chief Orthopedic Complaint:_____

How were you referred to our office: _____

In order to facilitate the efficiency of your appointment, please only include that which you scheduled as your chief complaint.

Complaints of:

- ☐ Pain at rest
- ☐ Pain with specific movement
- ☐ Constant Pain
- ☐ Intermittent Pain
- ☐ Limited motion
- ☐ Difficulty sleeping
- ☐ Weakness
- ☐ Swelling
- ☐ Locking
- ☐ Numbness
- ☐ Tingling
- ☐ Feeling of Instability
- ☐ Sharp
- ☐ Dull
- ☐ Redness
- ☐ Warmth
- ☐ Popping
- ☐ Stiffness
- ☐ Catching
- ☐ Bruising
- ☐ Pain with ascending or descending stairs
- ☐ Pain with prolonged seated position

Injury: Yes_____No_____ If yes, how did injury occur_____

Pain over the last: 1-3 days_____1 week_____2-3 weeks_____1 month_____2-3 months_____1 year or more___

Mechanism of Injury: none____fall____MVA____sporting injury____work injury____with a twisting motion____

Previous Care: Emergency Department____Urgent Care____Primary Care Physician____OTC Meds____

Immobilized in: cast____splint____sling____boot____brace____none____

Gained Relief from: NSAIDs____Rest____Tylenol____Home exercises____Ice____Narcotics____Physical Therapy____

Cortisone Injection____ Euflexxa Series____

Tried and Failed: NSAIDs____Rest____Tylenol____Home exercises____Ice____Narcotics____Physical Therapy____

Cortisone Injection____ Euflexxa Series____

Patient has had: Previous surgery____ Physical Therapy____ Previous Ortho consult____ Legal representation____
Previous X-ray/MRI_____ if yes, where_____

Current Medication and Dosage:

_____
_____
_____

Medical History:

_____
_____
_____

Medication Allergies:

_____
_____
_____

Previous Surgical Procedures and Dates:

_____
_____
_____

Past Hospitalization:

_____
_____
_____

Family History:

Mother: Alive____ Deceased____ Father: Alive____Deceased____

Social History:

Do you smoke: Yes____ No____ if yes, how many packs per day___ how many years____

Do you exercise: Yes____ No____