

**Patient Name:** \_\_\_\_\_  
Age: \_\_\_\_ Ht: \_\_\_\_ Wt: \_\_\_\_  
Hand Dominance: Rt. / Lt.

**Occupation:** \_\_\_\_\_  
Is Injury Work Related: Yes / No

**Are You Currently Out on Disability:** Yes / No

**History of Present Illness**

Site of Injury (body part): \_\_\_\_\_  
Reason for Visit: \_\_\_\_\_

**Duration of Symptoms:** \_\_\_\_ Weeks/ Months / Years  
Date of injury (if applicable): \_\_\_\_\_  
How did injury happen: \_\_\_\_\_

**Symptoms:** Pain at rest / activity / nighttime (circle)

Describe: \_\_\_\_\_  
\_\_\_\_\_

Swelling: \_\_\_\_  
Clicking: \_\_\_\_ Catching \_\_\_\_ Locking \_\_\_\_  
Instability: \_\_\_\_  
Other Symptoms: \_\_\_\_\_  
\_\_\_\_\_

**Treatment to Date:** Injection / Date: \_\_\_\_ Wks/ Mts / Yrs  
Physical Therapy \_\_\_\_ Wks  
Anti Inflammatory / Type: \_\_\_\_\_  
X-Ray / MRI / Bone Scan / CT Scan

**Athletic Activities / Exercise Routine:** \_\_\_\_\_  
\_\_\_\_\_

**List all medications you currently take:** \_\_\_\_\_  
\_\_\_\_\_

**Allergies to medications:** \_\_\_\_\_  
\_\_\_\_\_

**Doctor's Notes:**

**Referring Doctor:** \_\_\_\_\_

**Patient Medical History**

Y / N - Heart Disease  
Y / N - High Blood Pressure  
Y / N - Gastrointestinal Disease  
Y / N - Diabetes  
Y / N - Stroke  
Y / N - Thyroid Disease  
Y / N - Cancer  
Y / N - Asthma  
Y / N - Respiratory Disease  
Y / N - Liver Disease  
Y / N - Kidney Disease  
Y / N - Neurologic Disorder  
Y / N - Hepatitis  
Y / N - HIV Positive

**Family Medical History**

Y / N - Heart Disease  
Y / N - High Blood Pressure  
Y / N - Gastrointestinal Disease  
Y / N - Diabetes  
Y / N - Stroke  
Y / N - Thyroid Disease  
Y / N - Cancer  
Y / N - Asthma  
Y / N - Respiratory Disease  
Y / N - Liver Disease  
Y / N - Kidney Disease  
Y / N - Neurologic Disorder  
Y / N - Hepatitis  
Y / N - HIV Positive

**Past Surgical History**

Orthopaedic: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

**Social History**

Y / N - Alcohol \_\_\_\_ Drinks / Week  
Y / N - Tobacco \_\_\_\_ Packs/ Days