

General Form

Name: _____ Date: _____ Age: _____

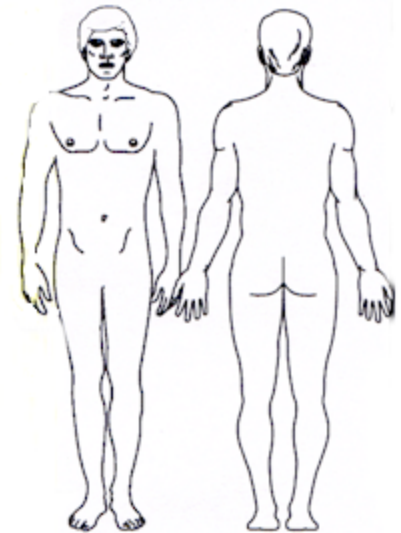
Who referred you to the office? _____

Height: _____ Weight: _____

I am right-handed _____ Left-handed _____ truly ambidextrous _____

Where is your pain/problem? (Check all involved)

- Neck _____
- ___Shoulder ___Right ___Left
- ___Arm ___Right ___Left
- ___Elbow ___Right ___Left
- ___Forearm ___Right ___Left
- ___Wrist ___Right ___Left
- ___Hand ___Right ___Left
- ___Fingers ___Right ___Left
- ___Other _____
- ___Back _____
- ___Plvis _____
- ___Hip ___Right ___Left
- ___Thigh ___Right ___Left
- ___Knee ___Right ___Left
- ___Leg ___Right ___Left
- ___Ankle ___Right ___Left
- ___Foot ___Right ___Left
- ___Toes ___Right ___Left



Locate your pain on the following drawing: _____

Date of onset of this problem: _____

Nature of onset of this problem: gradually _____ suddenly _____ reinjury of old problem

Your Major complaint: (check all that apply)

- ___aching pain ___burning pain ___stabbing pain --Pain at night
- ___Deformity ___loss of motion ___loss of strength ___swelling
- ___going out ___locking ___grinding ___numbness or tingling
- ___other _____

Is your current problem due to: Accident _____ Injury _____

Where: Home _____ Work- Auto _____ Other _____

Describe details- _____

Is the pain mild, moderate or severe? (circle one)

Have you ever had this before?

Has a doctor ever treated you for this condition before and if so how?

Have you taken any medication for this problem, what were they and did they help? (including prescription drugs, Aspirin, Advil, herbs and supplements) _____

What makes the pain better?

What makes the pain worse?

Work status: presently working _____ Off work since _____

 Off work due to present orthopedic problem Other problem

Please rate your overall level of physical health: Excellent _____ Very Good _____ Good _____ Fair _____ Poor _____

Is this a legal or third person liability case?

No _____ Yes _____ Potential _____ Motor Vehicle Accident- Work Comp _____ Other _____

Do you have a lawyer and if so who?

Who referred you to this office? _____