



Medical History Update

Patient Name _____ Date _____ Date of Birth _____

Primary Care Physician: _____ May we send a letter to your physician? Y /N

Are you currently working: Yes No If **No**, how long have you been off work? _____

If working, can you please describe what's involved? (e.g, heavy lifting, desk work, etc. _____

Did you bring your x-rays or MRI films with you today? Yes No

Who requested that you visit this office? _____ or Self-Referral?

May we send a letter to the referring physician and /or your Primary Care MD? Yes No

What body part is/are involved? (Right / Left / Both) _____

Can you please describe the nature of your problem? _____

Have you had a **prior** problem with this same condition in the past? (explain below if yes)

How long has this problem been present? _____

Check the ONE box which best fits how your problem started. (Use as much space to the right as needed)

NO INJURY (for example: arthritis pain) (Onset was **Gradual** or **Sudden**)

Why do you think it started? _____

AUTO ACCIDENT **WORK RELATED** **INJURY** (other than an auto accident or work injury)

Date _____ Where and How did it Happen? _____

The pain or problem is : Constant Comes and goes (Intermittent)

Severity of pain/problem: 0= no pain and 10= severe pain

Circle one 1—2—3—4—5—6—7—8—9—10

What is the **Quality** of the pain? Sharp Dull Stabbing throbbing Aching Burning Other _____

Are there associated symptoms? Swelling Numbness Weakness Redness Other _____

Since the problem started, is it: Getting better Getting Worse Unchanged

What makes your symptoms **worse?** Activity Exercise Work Other _____

Does anything make you feel **better?** Ice Heat Rest Elevation

Have you tried any of the following for this problem? Brace Cane Crutches Walker

Orthotics/prescription shoes Other _____

Have you tried **physical therapy** for this problem? If so, how recently? _____

Have you ever had any **steroid (cortisone) injections** for this problem? If so, how recently? _____

Have you ever had any **Synvisc, Hyalgan, Supartz, or Euflexxa** injections for this problem? If so, how recently? _____

HAVE YOU TAKEN ANY OF THE FOLLOWING FOR THIS PROBLEM: (Circle all that apply)

Advil Ibuprofen/Motrin Lodine Naprosyn Tylenol Ultram/Tramadol Celebrex Mobic Aspirin

How long have you taken them? _____

Patient Signature: _____