

Orthopedic New Problem History Form

Patient Name: _____ Appt Date: _____ with Dr. _____

What is the reason for this visit? _____

Where are you having pain? R Knee Left Knee Right Hip Left Hip

How long ago did it start? _____ Days _____ Weeks _____ Months _____ Years

Have you had a problem like this before? Y N

In this section, check **ONE** box which best describes how your problem started. Then answer the questions below the box you checked. Use as much space to right as needed.

- NO INJURY (or onset was: gradual sudden).
Please indicated why you think it started.
- INJURY (accident sport (NOT auto or work)
Date: _____ Please specify where and how it happened.
- INJURY AT WORK date: _____
From a: lift twist fall bend pull reach
- WORK RELATED (but NO work injury)
Date: _____ How did your job cause the problem?
- AUTO ACCIDENT date: _____

COMMENTS:

On a scale of 0-10 (10 is the worst) how severe is your pain? 0 1 2 3 4 5 6 7 8 9 10

What is the quality of the pain? Sharp Dull Aching Stabbing Throbbing Burning

The pain is: Constant Comes and goes (intermittent)

Does your pain wake you from your sleep? Y N

Do you have: Swelling Bruising Numbness Tingling Weakness Locking/Catching Giving way
 Loss of bowel or bladder control

Since my problem started, it is: Getting better Getting worse Unchanged

What activities make your symptoms worse or give you difficulty? Standing Walking Lifting Exercise Twisting
 Lying in bed Bending Squatting Kneeling Stairs Sitting Coughing Sneezing Getting in and out of a car
 Rising from sitting Putting on socks & shoes Other: _____

What makes your symptoms better? Rest Elevation Ice Heat Other: _____

What medications do you take (or have tried) for the pain? _____

Have you had any of these treatments? Injection: Y N Brace: Y N Physical Therapy: Y N Cane/Walker: Y N

Were you seen in the E.R. for this problem? Y N Which E.R.? _____ Date: _____

What tests/scans have you had for this problem? X-rays MRI CT Scan Bone Scan Nerve Test

Where? _____

Have you already had surgery for a problem in this same area in the past? Y N

Current work status? Regular Light duty (how long? _____) Not working due to this problem
 Disabled Retired Student Last date you worked your regular job: _____

Are you currently receiving or planning to apply for: Disability Worker's compensation Unemployment

Signature _____ Date _____

PLEASE SIGN: The information on these forms is accurate to the best of my knowledge.