

Patient Name: _____

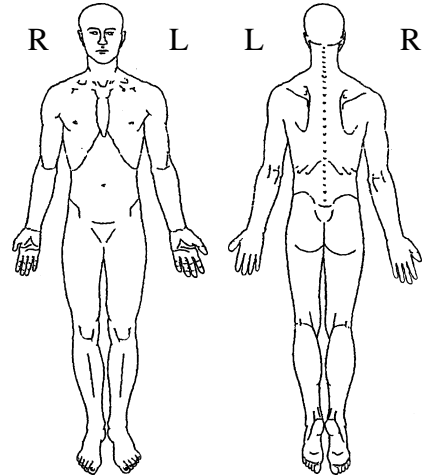
NEW PATIENT MEDICAL HISTORY FORM -09/2009

Are you Right handed Left Handed both/ambidextrous

Your family doctor is _____ their office is in the city and state of _____

What caused your pain? CAR ACCIDENT WORKERS COMP OTHER _____

Please draw on the figure where the pain is/where it travels/radiates to (example, back going down right leg to the foot)



The pain came on suddenly gradually when? _____

The pain has become BETTER WORSE suddenly gradually when? _____

If more than one location, what percentage of your pain is where? (example 90% back 10% legs) _____

Describe your pain. Check all that apply and if there is a space provided, say where on your body:

- | | | | | |
|-----------------------|-------------------------|-----------------|-----------------|-------------|
| Electric shocks _____ | Tingling _____ | Cramping _____ | Throbbing _____ | Sore _____ |
| Pins / needles _____ | Numb _____ | Aching _____ | Pulling _____ | Dull _____ |
| Burning _____ | Sharp/stabbing _____ | Cool-Cold _____ | | Tight _____ |
| Shooting _____ | OTHER (describe): _____ | | | |

What makes it worse? (Check all that apply)

- | | | | | | |
|-------------------------|----------------|-------------------|--------------|-------|------|
| Cough / sneeze | Lie on back | Lie on Left side | Car rides | Walk | Sit |
| Light touch | Lie on stomach | Lie on Right side | Cold weather | Stand | Bend |
| OTHER (describe): _____ | | | | | |

What makes it better? (Check all that apply)

- | | | | | |
|-------------------------|----------------|-------------------|----------------------|-----------|
| Ice / Cold | Lie on back | Lie on Left side | Stretch / exercise | Traction |
| Heat | Lie on stomach | Lie on Right side | Walk while bent over | TENS unit |
| OTHER (describe): _____ | | | | |

Is your pain ALL THE TIME HAS FLARE UPS BOTH: if flare ups, when? _____

From 0 to 10, what does your pain range from during the day? (0 = no pain, 10 = unbearable) _____

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LIST ALL MEDICINES (psychiatric, diabetes, pain, etc.)

YOU ARE TAKING OVER THE COUNTER OR FROM OTHER DOCTORS:

No changes since last seen in a Greater Metropolitan Orthopedics office.

I have brought a list with me so I won't need to rewrite it

Anticoagulant/Anti-platelet Medicine (Check all that apply):

Warfarin (Coumadin) Clopidogrel (Plavix) Aggrenox / Any other blood thinners _____

Medication	Medication	Medication	Medication

Do you have any **ALLERGIES** to the following medications or items?

Medication/Item	Reaction it causes
Dye (Iodine)	
Latex (rubber gloves)	
Cephalosporins (Keflex, Anacef)	
Mycins (Erythromycin, Clindamycin)	
Penicillins (Amoxicillin, Augmentin)	
Sulfa (Bactrim, Septra)	
Other – Please state:	

Are you satisfied on your current pain meds? _____ Do you have enough medication? _____

What PAIN MEDICATIONS have you tried and STOPPED taking?

Name of medication	Frequency and dose	Stopped because (side effect of, no relief, etc.)

G.M.O. This page has been reviewed _____ Date _____

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PRIOR PAIN TREATMENTS	PAST SURGICAL HISTORY	PAST MEDICAL HISTORY
What have you tried for this pain?	No previous surgery	No significant medical disease
	breast augmentation	Alcoholism
	cardiac stent	Arthritis Rheumatoid
PHYSICAL MODALITIES:	cardiac valve replacement	Arrhythmias Atrial Fibrillation
Acupuncture	carpal tunnel LEFT	Bipolar
Chiropractic	carpal tunnel RIGHT	Cancer: Which type?
Physical Therapy	hip replacement-LEFT	Congestive heart failure
	hip replacement-RIGHT	Depression
	knee arthrocope-LEFT	Other psychological: _____*
INJECTION THERAPY	knee arthrocope-RIGHT	Diabetes
UNKNOWN	knee replacement-LEFT	Fibromyalgia
trigger point	knee replacement-RIGHT	GERD (Acid reflux)
nerve block	mastectomy	GI bleed OR Stomach ulcer
epidural steroid	pacemaker/defibrillator	Hepatitis: A B C
joint injection	spine-please describe, like	hypertension/ High blood pressure
OTHER: _____	cervical –thoracic – lumbar	hypothyroidism / Thyroid disease
	Laminectomy – discectomy	(ischemic) heart disease
	Fusion – don't know	Kidney Failure /kidney disease
	Spine surgery is:	Liver Failure / liver disease
		Lupus
		Osteoporosis with fracture
		Pulmonary Emboli/Blood clot in lung
Other	ORTHOPEDIC surgeries	with anticoagulation
		with filter placement
		Seizures
		Sickle cell disease trait
	Other surgeries	Stroke
		Other:

FAMILY HISTORY: (Check all that apply)

None/Nothing significant	unknown	hypothyroidism
Fibromyalgia *	Lupus *	Rheumatoid *
Other:		

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Is there anything else we should know? _____

G.M.O. *This page has been reviewed* _____ *Date* _____