



PATIENT MEDICAL HISTORY FORM

Patient Name: _____ Height: _____ Weight: _____

Chief Complaint

Dominant Hand: Right Left Ambidextrous (BOTH)

SELECT ONLY ONE PRIMARY SYMPTOM AND ONE AFFECTED AREA

Primary Symptom: Pain Numbness/Tingling Fracture Stiffness Other: _____

Affected Area: Right Left Both (Bilateral)

Shoulder Upper Arm Elbow Forearm Wrist Hand Finger(s) Pelvis Hip Thigh Knee Lower Leg

Ankle Foot Toe(s) Pain radiates from/to: _____

History of Present Illness

1. Is your problem the result of an injury or accident? No Injury Injury Injury at Work
 Auto Accident Sport Injury Prior Surgery

How long have the symptoms been present? _____

Describe the onset: Acute (sudden) Chronic condition (>3 months) Onset Date: ____ / ____ / ____

2. Are you represented by an attorney? Yes No Are legal actions expected? Yes No

Attorney Name: _____

3. Have you had a problem like this before? Yes No

Describe: _____

4. Have you been seen in an ER for this problem? Yes No

Treating ER: _____ Date: ____ / ____ / ____

5. Rate the pain (0-10): 0 1 2 3 4 5 6 7 8 9 10

6. Do the symptoms wake you from sleep? Yes No

7. Please describe the symptoms: Sharp Dull Stabbing Throbbing Aching Burning Shooting

8. Timing of symptoms: Constant Intermittent (Comes and goes)

9. Is the problem: Getting better Getting worse Unchanged

10. What makes the symptoms worse? None

Squatting Kneeling Sitting Bending Stairs Twisting Moving Lying in bed Running Walking

Athletics Reaching Overhead Standing Gripping Lifting

11. Associated symptoms: None

Redness Bruising Swelling Numbness Stiffness Limping Clicking Locking Popping

Tingling Weakness Giving way

Prior Testing / Treatment

Have you had any prior tests for this problem? None X-rays MRI CT Scan Nerve Test (EMG/NCV) Bone Scan

Have you had any prior treatment for this problem? Yes No

If yes, please check all treatments received and indicate the result:

Ice Improved Worsened Unchanged Heat Improved Worsened Unchanged

Rest Improved Worsened Unchanged NSAIDS Improved Worsened Unchanged

Muscle Relaxers Improved Worsened Unchanged Physical Therapy Improved Worsened Unchanged

Bracing Improved Worsened Unchanged Surgery Improved Worsened Unchanged

Injections Improved Worsened Unchanged Home Exercise Program Improved Worsened Unchanged

Other/Comments: _____
