TUCKAHOE ORTHOPAEDICS

INJURY/ORTHOPEDIC CONDITION HISTORY & DESCRIPTION

NAME _____ AGE_____HEIGHT_____WEIGHT_____

CHIEF COMPLAINT (Reason for Visit)? __Pain __Numbness __Weakness __Other (_____)

Body part involved? _____ Number of: ___Days ___Weeks ___Months ___Years this problem has been present?

CHECK THE ONE BOX BELOW THAT BEST DESCRIBES HOW YOUR PROBLEM STARTED. Then use the space to the right to answer the One question below the box you checked

___No Injury. Onset was __Gradual __Sudden
*Why do you think it started?
___INJURY. From auto accident or sport related?
Date when it happened?

___INJURY AT WORK. Date_____
*Briefly describe how the injury occurred:
___AUTO ACCIDENT. Date_____
*How was the car hit?

Answer/Comments:
_____
_____
_____

_____
_____
_____
_____

PLEASE CHECK THE BOX IN EACH CATEGORY THAT BEST DESCRIBES YOUR PROBLEM:
SEVERITY OF PAIN? ___Mild ___Moderate ___Severe ___Extremely Severe
QUALITY OF PAIN? ___Sharp ___Dull ___Stabbing ___Throbbing ___Aching ___Burning
TIMING OF PAIN? ___Constant ___Comes and goes

DO YOU HAVE: ___Swelling ___Bruising ___Numbness ___Tingling ___Weakness ___Loss of Bowel/Bladder Control
STARTED, IT IS: ___Improving ___Unchanged ___Getting Worse
WHAT MAKES YOUR SYMPTOMS WORSE? ___Standing ___Walking ___Lifting ___Exercise ___Twisting ___Lying in bed ___Bending ___Squatting ___Kneeling ___Stairs ___Sitting ___Coughing ___Sneezing

WHAT MAKES IT BETTER? ___Rest ___Heat ___Ice ___Elevation ___Other_____

MEDICATIONS YOU'VE TAKEN FOR THIS PROBLEM? _____

TREATMENTS TRIED: _____Injection ___Brace ____Therapy _____Cane/Crutch/Walker

WHAT TESTS HAVE YOU HAD? ___X-Rays ____MRI ___CAT Scan _____Bone Scan _____Nerve Test(EMG)

HAVE YOU ALREADY HAD SURGERY FOR THIS PROBLEM? (If yes, please list the surgeons name and the date of the procedure)
_____

PHARMACY(to include street name and/or phone#)_____

MEDICATIONS: _____
_____

ALLERGIES: _____