

VANDERBILT
Bone & Joint

PRESENT COMPLAINT

Primary Care Physician: _____ Referring Physician: _____

What is your injury or complaint? _____

Date of Injury: _____ or approximately how long? _____

Where did this occur? _____ Is this work related? _____

How did this occur? _____

Pain starts: _____ and moves to: _____

Describe Pain (and/or check boxes) _____

What makes the pain better? _____ What makes it worse? _____

constant intermittent sharp dull locking catching swelling burning awaken from sleep

Average Pain Scale (1=least pain): 1 2 3 4 5 6 7 8 9 10 Dominant hand (circle) R / L

Is there an attorney involved? Yes Potentially

Name of attorney: _____

List any other physicians who have seen you for this problem:

Dr. _____ Last Seen: _____ Treatment: _____

Dr. _____ Last Seen: _____ Treatment: _____

Have you had any tests for this injury/complaint:

	TEST	DATE	FACILITY	SUPPLIED TO CLINIC
	X-Rays			<input type="checkbox"/> Yes <input type="checkbox"/> No
	MRI			<input type="checkbox"/> Yes <input type="checkbox"/> No
	CT			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Bone Scan			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Myelogram			<input type="checkbox"/> Yes <input type="checkbox"/> No
	EMG/NCS			<input type="checkbox"/> Yes <input type="checkbox"/> No

REVIEW OF SYSTEMS

YES	NO	PROBLEM DESCRIPTION
		Unexplained changes in weight
		Joint stiffness or swelling
		Fever
		Fatigue
		Rashes
		New skin lesions
		Change in size or color of mole
		Headaches
		Dizziness
		Redness
		Blurred vision
		Vision change
		ringing in ears
		Hearing difficulties
		Shortness of breath with exertion
		Cough
		Coughing up blood
		Wheezing
		Chest pain
		Palpitations
		High blood pressure
		Shortness of breath at night

YES	NO	PROBLEM DESCRIPTION
		Abdominal pain
		Nausea and vomiting
		Constipation or diarrhea
		Loss of appetite
		Bloody or tarry stools
		Coughing blood
		Frequent urination
		Urgency or hesitancy
		Bloody urine
		Kidney stones
		Frequent urinary tract infections
		Excessive urination at night
		Heat or cold intolerance
		Anemia
		Enlarged lymph nodes
		Easy bleeding
		Easy bruising
		Numbness
		Weakness
		Seizure
		Masses
		Tenderness

FEMALE PATIENTS ONLY

Is there a chance you may be pregnant?
 Date of last menstrual cycle? _____

YOUR PAIN DIAGRAM

Using the symbols shown below please mark the type and area of pain on the diagram.

PAIN

^ ^ ^
 ^ ^ ^

NUMBNESS

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