

Name:						Date of Birth:				□ M	□F			
Chief Complaint: ☐ Right ☐ Left			☐ Both ☐		Knee [	☐ Hip		$\square$ Shoulder	☐ Elbow					
Histo	ry of F	roblem:												
Durat	tion (L	ength of	Time):											
Inten	sitv of	Pain (Sc	ale 0-10; 0=N	lo Pain, 10:	=Wo	rst Pa	ain Imagina	hle):						
Past	treatm	ent for th	nis problem: _											
Previ	ous Sı	ırgeries (	on this area:	□ No		☐ Yee	es							
	Тур	oe:									Date:			
	Tvr	Je.									Date:			
Medi	cal His	story (Che	eck all medica	ıl problems	you N	have	e been or cu	irrently are I	peing N	treate <b>Y</b>	ed for):			
IN	T	High Blo	od Pressure		IN	T	Stroke		IN .	T	Parkinson's Di	00000		
				\ttack			Blood Clots							
	Heart Disease/Heart Attack					Diabetes			Multiple Sclerosis					
	Irregular Heart Rhythm					Cancer			Seizure/Epilepsy					
	Peripheral Vascular Disease Emphysema/COPD/Asthma					Ulcer			Nerve Injury  Hepatitis □ A □ B □ C					
	Emphysema/COPD/Asthma					Kidney Dis			Immunodeficiency Disease (HIV)					
	Sleep Apnea Tuberculosis (TB)					Thyroid Dis			Degenerative Spine Disease Sciation			2		
	GERD Heartburn					Brain Injur			Arthritis/Osteoporosis			a		
		ULIID II	Gartburn				Diani injui	y			Ai tillitio/ Ooteo	μοι σοιο		
			t all other sur											
Year Type of Su			ype of Sur	rgery			Year	Year Type of S			of Surgery			
List a	II Med		you take regu	larly (inclu				neds): 🗌 S			ed List			
Name & Dose				How Often			Name & Dose				Ho	w Often	1	
ORTHOPAEDIC SURGERY SPORTS MEDICINE NEW PATIENT QUESTIONNAIRE						P A T I E		DOB: DOS:						
Page 1 of 3				··· ·			N ATT:							
								D		MRN: FIN:				

WHITE - MEDICAL RECORD

	es: No Yes If y	es, please list medication and Reaction	Medication	Reaction			
			insuled to				
Compl	· · · · · · · · · · · · · · · · · · ·	ny complications you have h	ad after any of your surgeries):				
	Infection:		Pneumonia:				
	Bleeding:		Lung Problems:				
	Blood Clot:			Severe Nausea/Vomiting:			
	Anesthesia Reaction:		Other:				
ocial	History:						
ccup	ation:		Full Tir	ne 🗌 Part 🔲 Retir			
o you	u drink alcohol? 🔲 No 🔲	Yes If yes, how much? $\Box$	1-5 🗆 6-10 🗆 11-15 🗆 16-20 🗆 2	20 or more drinks/we			
o you	u currently smoke? 🗌 No	☐ Yes If yes, number of	of packs per day: For	years			
)id vo	u ever smoke? 🔲 No 🔲 \	/es If ves number o	of packs per day: For	vears Vear quit			
nu yo	d CVCI SITIONC: INO I	in you, number o	or packs per day 1 or	yours rour quit			
eviev	v of Symptoms (Check any re	cent/current problems, check	s symptoms or write in other):				
N Y	/ System	Symptoms/Problems					
		- Jimpionion Follonio		Other			
	General		Weight Loss/Gain,	Other			
	General Eyes/Vision		Weight Loss/Gain, ☐ Weakness ☐ Double, ☐ Dry Eyes	Other			
	Eyes/Vision Ears, Nose, Throat, Mouth	☐ Fever, ☐ Unexplained ☐ Glasses, ☐ Blurred, ☐ Vertigo, ☐ Sinusitis,	☐ Double, ☐ Dry Eyes ☐ Hoarseness, ☐ Loss of Hearing				
	Eyes/Vision	☐ Fever, ☐ Unexplained ☐ Glasses, ☐ Blurred, ☐ Vertigo, ☐ Sinusitis, ☐ Chest Pain, ☐ Murmu	☐ Double, ☐ Dry Eyes ☐ Hoarseness, ☐ Loss of Hearing  Irs, ☐ Palpitations, ☐ Irregular Rhyth				
	Eyes/Vision Ears, Nose, Throat, Mouth Heart Lung	☐ Fever, ☐ Unexplained ☐ Glasses, ☐ Blurred, ☐ Vertigo, ☐ Sinusitis, ☐ Chest Pain, ☐ Murmu ☐ Short of Breath, ☐ As	☐ Double, ☐ Dry Eyes ☐ Hoarseness, ☐ Loss of Hearing urs, ☐ Palpitations, ☐ Irregular Rhythethma, ☐ Cough, ☐ Wheezing				
	Eyes/Vision Ears, Nose, Throat, Mouth Heart Lung Circulation	☐ Fever, ☐ Unexplained ☐ Glasses, ☐ Blurred, ☐ Vertigo, ☐ Sinusitis, ☐ Chest Pain, ☐ Murmu ☐ Short of Breath, ☐ As ☐ Blood Clots, ☐ Swelli	☐ Double, ☐ Dry Eyes ☐ Hoarseness, ☐ Loss of Hearing urs, ☐ Palpitations, ☐ Irregular Rhyth sthma, ☐ Cough, ☐ Wheezing ng, ☐ Claudication, ☐ Varicosities				
	Eyes/Vision Ears, Nose, Throat, Mouth Heart Lung Circulation Digestive Tract	☐ Fever, ☐ Unexplained ☐ Glasses, ☐ Blurred, ☐ Vertigo, ☐ Sinusitis, ☐ Chest Pain, ☐ Murmu ☐ Short of Breath, ☐ As ☐ Blood Clots, ☐ Swellid ☐ Diarrhea, ☐ Constipation	☐ Double, ☐ Dry Eyes ☐ Hoarseness, ☐ Loss of Hearing urs, ☐ Palpitations, ☐ Irregular Rhyth othma, ☐ Cough, ☐ Wheezing ng, ☐ Claudication, ☐ Varicosities tion, ☐ Ulcers, ☐ GERD, ☐ Pain				
	Eyes/Vision Ears, Nose, Throat, Mouth Heart Lung Circulation Digestive Tract Kidney/Urinary	☐ Fever, ☐ Unexplained ☐ Glasses, ☐ Blurred, ☐ Vertigo, ☐ Sinusitis, ☐ Chest Pain, ☐ Murmu ☐ Short of Breath, ☐ As ☐ Blood Clots, ☐ Swelli ☐ Diarrhea, ☐ Constipation ☐ Stones, ☐ Burning,	☐ Double, ☐ Dry Eyes ☐ Hoarseness, ☐ Loss of Hearing Irs, ☐ Palpitations, ☐ Irregular Rhyth Isthma, ☐ Cough, ☐ Wheezing Ing, ☐ Claudication, ☐ Varicosities Ition, ☐ Ulcers, ☐ GERD, ☐ Pain ☐ Itching, ☐ Bleeding				
	Eyes/Vision Ears, Nose, Throat, Mouth Heart Lung Circulation Digestive Tract Kidney/Urinary Skin/Breast	☐ Fever, ☐ Unexplained ☐ Glasses, ☐ Blurred, ☐ Vertigo, ☐ Sinusitis, ☐ Chest Pain, ☐ Murmu ☐ Short of Breath, ☐ As ☐ Blood Clots, ☐ Swellia ☐ Diarrhea, ☐ Constipat ☐ Stones, ☐ Burning, ☐ Rash, Lump, ☐ Itchin	□ Double, □ Dry Eyes □ Hoarseness, □ Loss of Hearing urs, □ Palpitations, □ Irregular Rhyth othma, □ Cough, □ Wheezing urg, □ Claudication, □ Varicosities ution, □ Ulcers, □ GERD, □ Pain □ Itching, □ Bleeding urg, □ Hair or Nails Change				
	Eyes/Vision Ears, Nose, Throat, Mouth Heart Lung Circulation Digestive Tract Kidney/Urinary Skin/Breast Endocrine	☐ Fever, ☐ Unexplained ☐ Glasses, ☐ Blurred, ☐ Vertigo, ☐ Sinusitis, ☐ Chest Pain, ☐ Murmu ☐ Short of Breath, ☐ As ☐ Blood Clots, ☐ Swelli ☐ Diarrhea, ☐ Constipa ☐ Stones, ☐ Burning, ☐ Rash, Lump, ☐ Itching ☐ Excess Thirst, ☐ Deci	□ Double, □ Dry Eyes □ Hoarseness, □ Loss of Hearing urs, □ Palpitations, □ Irregular Rhyth withma, □ Cough, □ Wheezing urg, □ Claudication, □ Varicosities ution, □ Ulcers, □ GERD, □ Pain □ Itching, □ Bleeding urg, □ Hair or Nails Change ureased Energy, □ Diabetes				
	Eyes/Vision Ears, Nose, Throat, Mouth Heart Lung Circulation Digestive Tract Kidney/Urinary Skin/Breast Endocrine Neurologic	☐ Fever, ☐ Unexplained ☐ Glasses, ☐ Blurred, ☐ Vertigo, ☐ Sinusitis, ☐ Chest Pain, ☐ Murmu ☐ Short of Breath, ☐ As ☐ Blood Clots, ☐ Swellii ☐ Diarrhea, ☐ Constipa: ☐ Stones, ☐ Burning, ☐ Rash, Lump, ☐ Itchin ☐ Excess Thirst, ☐ Decr	□ Double, □ Dry Eyes □ Hoarseness, □ Loss of Hearing urs, □ Palpitations, □ Irregular Rhyth othma, □ Cough, □ Wheezing urg, □ Claudication, □ Varicosities ution, □ Ulcers, □ GERD, □ Pain □ Itching, □ Bleeding urg, □ Hair or Nails Change ureased Energy, □ Diabetes ureased Energy, □ Diabetes ureased Energy, □ Seizure, □ Tremor				
	Eyes/Vision Ears, Nose, Throat, Mouth Heart Lung Circulation Digestive Tract Kidney/Urinary Skin/Breast Endocrine Neurologic Psychiatric	☐ Fever, ☐ Unexplained ☐ Glasses, ☐ Blurred, ☐ Vertigo, ☐ Sinusitis, ☐ Chest Pain, ☐ Murmu ☐ Short of Breath, ☐ As ☐ Blood Clots, ☐ Swellii ☐ Diarrhea, ☐ Constipa ☐ Stones, ☐ Burning, ☐ Rash, Lump, ☐ Itchin ☐ Excess Thirst, ☐ Decr ☐ Balance, ☐ Numbnes ☐ Depressions, ☐ Anxie	□ Double, □ Dry Eyes □ Hoarseness, □ Loss of Hearing urs, □ Palpitations, □ Irregular Rhyth withma, □ Cough, □ Wheezing urg, □ Claudication, □ Varicosities ution, □ Ulcers, □ GERD, □ Pain □ Itching, □ Bleeding urg, □ Hair or Nails Change ureased Energy, □ Diabetes us/Tingling, □ Seizure, □ Tremor uty, □ Sleep Disorder				
	Eyes/Vision Ears, Nose, Throat, Mouth Heart Lung Circulation Digestive Tract Kidney/Urinary Skin/Breast Endocrine Neurologic Psychiatric Blood/Lymph	☐ Fever, ☐ Unexplained ☐ Glasses, ☐ Blurred, ☐ Vertigo, ☐ Sinusitis, ☐ Chest Pain, ☐ Murmu ☐ Short of Breath, ☐ As ☐ Blood Clots, ☐ Swellii ☐ Diarrhea, ☐ Constipa: ☐ Stones, ☐ Burning, ☐ Rash, Lump, ☐ Itchin ☐ Excess Thirst, ☐ Decr ☐ Balance, ☐ Numbnes ☐ Depressions, ☐ Anxie	□ Double, □ Dry Eyes □ Hoarseness, □ Loss of Hearing urs, □ Palpitations, □ Irregular Rhyth withma, □ Cough, □ Wheezing urg, □ Claudication, □ Varicosities ution, □ Ulcers, □ GERD, □ Pain □ Itching, □ Bleeding urg, □ Hair or Nails Change ureased Energy, □ Diabetes ureased Energy, □ Diabetes ureased Energy, □ Seizure, □ Tremor uty, □ Sleep Disorder □ Easy Bruising, □ Transfusion				
	Eyes/Vision Ears, Nose, Throat, Mouth Heart Lung Circulation Digestive Tract Kidney/Urinary Skin/Breast Endocrine Neurologic Psychiatric	☐ Fever, ☐ Unexplained ☐ Glasses, ☐ Blurred, ☐ Vertigo, ☐ Sinusitis, ☐ Chest Pain, ☐ Murmu ☐ Short of Breath, ☐ As ☐ Blood Clots, ☐ Swellii ☐ Diarrhea, ☐ Constipa ☐ Stones, ☐ Burning, ☐ Rash, Lump, ☐ Itchin ☐ Excess Thirst, ☐ Decr ☐ Balance, ☐ Numbnes ☐ Depressions, ☐ Anxie	□ Double, □ Dry Eyes □ Hoarseness, □ Loss of Hearing urs, □ Palpitations, □ Irregular Rhyth withma, □ Cough, □ Wheezing urg, □ Claudication, □ Varicosities ution, □ Ulcers, □ GERD, □ Pain □ Itching, □ Bleeding urg, □ Hair or Nails Change ureased Energy, □ Diabetes ureased Energy, □ Diabetes ureased Energy, □ Seizure, □ Tremor uty, □ Sleep Disorder □ Easy Bruising, □ Transfusion				
	Eyes/Vision Ears, Nose, Throat, Mouth Heart Lung Circulation Digestive Tract Kidney/Urinary Skin/Breast Endocrine Neurologic Psychiatric Blood/Lymph Musculoskeletal	☐ Fever, ☐ Unexplained ☐ Glasses, ☐ Blurred, ☐ Vertigo, ☐ Sinusitis, ☐ Chest Pain, ☐ Murmu ☐ Short of Breath, ☐ As ☐ Blood Clots, ☐ Swellii ☐ Diarrhea, ☐ Constipa ☐ Stones, ☐ Burning, ☐ Rash, Lump, ☐ Itching ☐ Excess Thirst, ☐ Deci ☐ Balance, ☐ Numbnes ☐ Depressions, ☐ Anxie ☐ Bleeding Problems, ☐ ☐ Fracture, ☐ Arthritis,	□ Double, □ Dry Eyes □ Hoarseness, □ Loss of Hearing urs, □ Palpitations, □ Irregular Rhyth othma, □ Cough, □ Wheezing urg, □ Claudication, □ Varicosities ution, □ Ulcers, □ GERD, □ Pain □ Itching, □ Bleeding urg, □ Hair or Nails Change ureased Energy, □ Diabetes us/Tingling, □ Seizure, □ Tremor uty, □ Sleep Disorder urg Easy Bruising, □ Transfusion □ Motion Loss, □ Cramps/Spasms				
	Eyes/Vision Ears, Nose, Throat, Mouth Heart Lung Circulation Digestive Tract Kidney/Urinary Skin/Breast Endocrine Neurologic Psychiatric Blood/Lymph Musculoskeletal	☐ Fever, ☐ Unexplained ☐ Glasses, ☐ Blurred, ☐ Vertigo, ☐ Sinusitis, ☐ Chest Pain, ☐ Murmu ☐ Short of Breath, ☐ As ☐ Blood Clots, ☐ Swellii ☐ Diarrhea, ☐ Constipa ☐ Stones, ☐ Burning, ☐ Rash, Lump, ☐ Itching ☐ Excess Thirst, ☐ Deci ☐ Balance, ☐ Numbnes ☐ Depressions, ☐ Anxie ☐ Bleeding Problems, ☐ ☐ Fracture, ☐ Arthritis,	□ Double, □ Dry Eyes □ Hoarseness, □ Loss of Hearing urs, □ Palpitations, □ Irregular Rhyth withma, □ Cough, □ Wheezing urg, □ Claudication, □ Varicosities ution, □ Ulcers, □ GERD, □ Pain □ Itching, □ Bleeding urg, □ Hair or Nails Change ureased Energy, □ Diabetes ureased Energy, □ Tremor ureased Energy, □ Transfusion □ Sleep Disorder □ Easy Bruising, □ Transfusion □ Motion Loss, □ Cramps/Spasms				
	Eyes/Vision Ears, Nose, Throat, Mouth Heart Lung Circulation Digestive Tract Kidney/Urinary Skin/Breast Endocrine Neurologic Psychiatric Blood/Lymph Musculoskeletal	☐ Fever, ☐ Unexplained ☐ Glasses, ☐ Blurred, ☐ Vertigo, ☐ Sinusitis, ☐ Chest Pain, ☐ Murmu ☐ Short of Breath, ☐ As ☐ Blood Clots, ☐ Swellii ☐ Diarrhea, ☐ Constipa ☐ Stones, ☐ Burning, ☐ Rash, Lump, ☐ Itching ☐ Excess Thirst, ☐ Decr ☐ Balance, ☐ Numbnes ☐ Depressions, ☐ Anxie ☐ Bleeding Problems, ☐ ☐ Fracture, ☐ Arthritis,	□ Double, □ Dry Eyes □ Hoarseness, □ Loss of Hearing  Irs, □ Palpitations, □ Irregular Rhyth  Isthma, □ Cough, □ Wheezing  Ing, □ Claudication, □ Varicosities  Ition, □ Ulcers, □ GERD, □ Pain □ Itching, □ Bleeding  Ing, □ Hair or Nails Change  Ing, □ Hair or Nails Change  Ing, □ Seizure, □ Tremor  Ingelief Disorder Ingelief Easy Bruising, □ Transfusion □ Motion Loss, □ Cramps/Spasms     Part				
	Eyes/Vision Ears, Nose, Throat, Mouth Heart Lung Circulation Digestive Tract Kidney/Urinary Skin/Breast Endocrine Neurologic Psychiatric Blood/Lymph Musculoskeletal  ORTHOPAEDIC SPORTS ME	☐ Fever, ☐ Unexplained ☐ Glasses, ☐ Blurred, ☐ Vertigo, ☐ Sinusitis, ☐ Chest Pain, ☐ Murmu ☐ Short of Breath, ☐ As ☐ Blood Clots, ☐ Swellii ☐ Diarrhea, ☐ Constipa: ☐ Stones, ☐ Burning, ☐ Rash, Lump, ☐ Itchin ☐ Excess Thirst, ☐ Decr ☐ Balance, ☐ Numbnes ☐ Depressions, ☐ Anxie ☐ Bleeding Problems, ☐ ☐ Fracture, ☐ Arthritis,   SURGERY EDICINE ESTIONNAIRE	□ Double, □ Dry Eyes □ Hoarseness, □ Loss of Hearing  Irs, □ Palpitations, □ Irregular Rhyth  Isthma, □ Cough, □ Wheezing  Ing, □ Claudication, □ Varicosities  Ition, □ Ulcers, □ GERD, □ Pain □ Itching, □ Bleeding  Ing, □ Hair or Nails Change  Ing, □ Hair or Nails Change  Ing, □ Seizure, □ Tremor  Ingelies Bruising, □ Transfusion □ Motion Loss, □ Cramps/Spasms     Part   Dob     Dos     Dos     Dos     ATT     Dos     Dos     ATT     Dos     Dos     ATT     Dos     ATT     Dos     Dos     Dos     ATT     Dos     ATT     Dos     ATT     Dos     ATT     Dos     ATT     Dos     ATT     Dos     Dos     ATT     Dos     Dos				
	Eyes/Vision Ears, Nose, Throat, Mouth Heart Lung Circulation Digestive Tract Kidney/Urinary Skin/Breast Endocrine Neurologic Psychiatric Blood/Lymph Musculoskeletal  ORTHOPAEDIC SPORTS ME NEW PATIENT QUI	☐ Fever, ☐ Unexplained ☐ Glasses, ☐ Blurred, ☐ Vertigo, ☐ Sinusitis, ☐ Chest Pain, ☐ Murmu ☐ Short of Breath, ☐ As ☐ Blood Clots, ☐ Swellii ☐ Diarrhea, ☐ Constipa: ☐ Stones, ☐ Burning, ☐ Rash, Lump, ☐ Itchin ☐ Excess Thirst, ☐ Decr ☐ Balance, ☐ Numbnes ☐ Depressions, ☐ Anxie ☐ Bleeding Problems, ☐ ☐ Fracture, ☐ Arthritis,   SURGERY EDICINE ESTIONNAIRE	□ Double, □ Dry Eyes □ Hoarseness, □ Loss of Hearing urs, □ Palpitations, □ Irregular Rhyth withma, □ Cough, □ Wheezing urg, □ Claudication, □ Varicosities ution, □ Ulcers, □ GERD, □ Pain □ Itching, □ Bleeding urg, □ Hair or Nails Change ureased Energy, □ Diabetes ureased Energy, □ Diabetes ureased Energy, □ Diabetes ureased Energy, □ Diabetes ureased Energy, □ Tremor ureased Energy, □ Transfusion □ Sleep Disorder □ Easy Bruising, □ Transfusion □ Motion Loss, □ Cramps/Spasms				

WHITE - MEDICAL RECORD

Family History (Mark any conditions that your parents or siblings have or have had by indicating the family member [M = mother, F = Father, B = Brother, S = Sister] after the conditions):

$[W - W \cap W] = W \cap W$	siotor and containond.			
High Blood Pressure:	Asthma:	Cancer:		
Heart Attack:	Lung Disease:	Stroke:		
Coronary Artery Disease:	Tuberculosis:	Diabetes:		
Heart Valve Disease:	Thyroid Disease:	Kidney Disease:		
Irregular Heart Rhythm:	Blood Clots:	Arthritis:		
Peripheral Vascular Disease:	Seizures:	Osteoporosis:		
Hepatitis: 🗌 A 🔲 B 🔲 C	Immunodeficiency:	Other:		
Patient Signature:		Date:	Time:	
Physician (Print):	(Signature):	Date:	Time:	
Vital Signs:	RR: Pain: Height:			

Medical Assistant (Print): \_\_\_\_\_\_ (Signature): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

ORTHOPAEDIC SURGERY
SPORTS MEDICINE
NEW PATIENT QUESTIONNAIRE

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P A T I DOB: E DOS: N ATT: T SREF: I MRN: D HY FIN:



## REFERRING OR PRIMARY PHYSICIAN INFORMATION (So that we may mail a copy of your visit):

Name:	
City, State, Zip:	
Phone Number:	
Fax Number:	
Name:	
Address:	
Fax Number:	
WORK COMP INFO (Please skip this section if not work re	lated):
W/C Carrier:	Nurse Case Manager:
W/C Claims Address:	Phone Number:
City, State, Zip:	Fax Number:
Claims Adjuster:	<u> </u>
Phone Number:	
Fax Number:	Name:
	Address:
Employer:	City, State, Zip:
Phone Number:	Phone Number:
Address:	Fax Number:
Claim #:	<u> </u>
Date of Injury:	<u> </u>
	Secondary Treating Physician:
	Address:
City, State, Zip:	City, State, Zip:
	C Facharita (Tarabara)
☐ Consultation Only ☐ 2nd Opinion Only	☐ Evaluation/Treatment
AUTHORIZED TO TREAT.	racia China
AUTHORIZED TO TREAT:   Cervical Spine   Thor	acic Spine   Lumbar Spine   Other:
☐ INFORMED TO BRING FILMS ☐ INFORMED T	O BRING INTERPRETER
<del>-</del>	P
USC ORTHOPAEDIC SURGERY SURGERY INTAKE FORM	A T DOB:
SUNGENT INTARE FURIN	DOS:
	N O REF:
	MRN:

1206D-1061 (10-14)

WHITE - MEDICAL RECORDS