

NEW PATIENT ASSESSMENT—Please circle your answers and explain as needed.

NAME: _____ Age: _____ Height _____ Weight _____

Chief Complaint: Why have you come to see us today?

Pain Mass/tumor Infection Wound Doctor's order Other _____

In which body part? _____ Left Right

When did you notice the problem? _____

How did you first notice it? (injury, illness, etc.) _____

How does it feel? aching throbbing sharp dull stabbing burning tingling _____

Rate your pain (1-10), with 10 being a trip to the ER: _____

Is it getting: *better* *worse* *same* ?

What makes it better? _____

What makes it worse? _____

When does it hurt? day night standing walking stairs in/out of chairs constant occasional

Do you have other symptoms? drainage redness swelling stiffness weakness fever numb

Other: _____

Past Medical History. Please circle conditions you have/had.

Anemia	Heart Attack	Poor circulation
Anxiety	Heart Problems	Pulmonary Embolism
Arthritis	Hepatitis	Rheumatoid Arthritis
Bleeding Disorder	Hernia	Seizures/Epilepsy
Blood Clots	High blood pressure	Stroke
Cancer	Kidney Disease	Thyroid Problems
Diabetes	Leg or Foot Ulcers	Tuberculosis
Endocarditis	Liver Disease	Ulcers
Fibromyalgia	Lung Disease	Urinary Tract Infections
GERD (acid reflux)	Osteoporosis	Other: _____
Gout	Pacemaker	_____

Childhood Diseases: Measles Mumps Scarlet Fever Other: _____

Have you ever been diagnosed with *Hepatitis C*, and if so, when? _____

(If yes, then you should not drink alcohol as it is associated with varying degrees of risk to your health.)

Are you now, or do you think you could be pregnant? Yes No

Surgery: Please list your past surgeries.

Date	Surgery	Surgeon/Hospital	Complications	Anesthesia problems?

Medications: Please list the drugs on the next page.

To what are you allergic? _____

What happens if you take it? _____

When was your last tetanus vaccine? _____

ROS: What else is troubling you today?

General: fever chills weight-loss/gain fatigue malaise (feel sick) night-sweats

Skin: multiple-birthmarks rashes wounds itching

Head: cavities vision-changes ulcers

Chest: shortness-of-breath wheezing cough chest pain palpitations

Digestion: nausea vomiting constipation diarrhea

Urine: infections bloody frequency urgency

Reproduction: discharge VD/STD irregular-periods

Nerves: fainting shooting-pains numbness tingling weakness

Body: cramps soreness fractures swollen-joints

Mind: depression anxiety mood-swings

Glands: swollen-glands chills sweats hyperactive constant hunger/thirst

Blood: bruises transfusions blood-thinners

Social:

Occupation: _____ Working Retired Temp. Disability Perm. Disability

How much school/training have you had? _____

Are you: single married widowed divorced other ?

Where do you live now? Home Family Nursing home Assisted-living Rehab/LTAC

Exercise: never sometimes often almost everyday

Diet: diabetic low-salt low-carb other: _____

Tobacco: Do you smoke now? Yes No How many packs per day? _____ How many years? _____
Have you quit? Yes No If yes, when? _____

The U.S. Surgeon General has said, "Smoking cessation (stopping smoking) represents the single most important step that smokers can take to enhance the length and quality of their lives."

Alcohol: How often do you drink? Daily weekly monthly occasionally never

Unhealthy alcohol use covers a spectrum that is associated with varying degrees of risk to health. This may include risky use, problem drinking, harmful use, and alcohol abuse, and the less common but more severe alcoholism and alcohol dependence. Risky use is defined as > 7 standard drinks per week (or >3 drinks per occasion for women and seniors) and >14 standard drinks per week (or >4 drinks per occasion) for men <65 years old.

Drugs: Have you, or do you currently, use illegal drugs? Yes No Quit (when): _____

Family: What illnesses have there been in your family?

	Major Illnesses, or had the same problem as you do now	Living?	Age of Death
Father			
Mother			
Sibling			
Grandparent			
Child			

"I attest that the above information is true and correct, to the best of my knowledge."

Signature: _____ Date: _____

Thank you for taking the time to tell us about you! Did you know that all this information can point to bone and muscle conditions? Everything you answer here can help us find the real problem.