SANTA ROSA ORTHOPAEDICS

Reason For Visit Date Completed: _____

Patient Name:_____ Age:_____ Height: _____ Weight: _____

Date of Birth: _____Occupation: _____ Pharmacy: _____

1) Where is your pain or problem? _____ Dominant Hand: Right ☐ Left ☐

2.) Side of Body: Right ☐ Left ☐ Both ☐ Which side is worse: Right ☐ Left ☐

3.) Date Symptoms Began: _____

4.) Are you using? Cane ☐ Crutches ☐ Walker ☐

5.) Was there an injury? Yes ☐ No ☐ If so, how did it happen? _____

Where did it happen? _____ Accident Date: _____

6.) Current Symptoms: Dull ☐ Sharp ☐ Ache ☐ Stabbing ☐ Throbbing ☐ Other: _____

7.) Are your symptoms? Improving ☐ Worsening ☐ Stable ☐

8.) Enter Pain Level from Pain Scale 0 = no pain 10 = worst pain _____

9.) What activities or body positions make your symptoms worse?

Walking ☐ Running ☐ Stairs ☐ Getting up from seat ☐ Kneeling ☐ Standing ☐

Lying on that side ☐ Overhead activities: dressing ☐ doing hair ☐ Lifting ☐ Pushing ☐

Pulling ☐ Sports (Which one):_____

10.) Prior treatments? _____

11.) Have you had any Cortisone injections? Right ☐ Left ☐ Bilateral ☐

12.) Have you had any Viscosupplementation injections? Right ☐ Left ☐ Bilateral ☐

Over the Counter Medications: Tylenol ☐ Aleve ☐ Ibuprofen ☐

How long?_____ How Much? _____

Physical Therapy:_____ How long? _____Who ordered? _____

Bracing: _____

Modalities: Ice ☐ Heat ☐ Ultrasound ☐ Massage ☐ Acupuncture ☐ How long? _____

Four locations to serve you: Milton, Gulf Breeze, Pensacola, and Navarre
Telephone: 850-623-0543 Fax: 850-623-5479
Toll Free #1-844-885-2276