AZALEA ORTHOPEDICS

3414 Golden Rd. • Tyler, Texas 75701
903/939-7500 • 1-800-248-0426 • FAX 903/597-1245

ORTHOPEDIC PATIENT INITIAL VISIT QUESTIONNAIRE

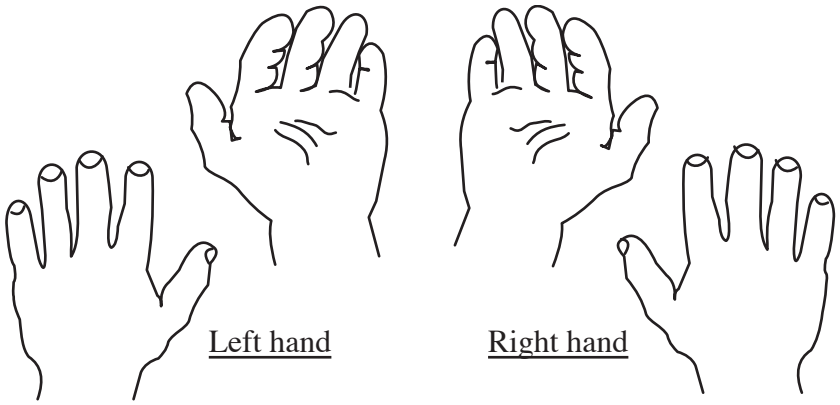
Name: _____ Date: _____

Dominant Hand: ❒ Right ❒ Left ❒ Ambidextrous Occupation: _____

Employer: _____ Date of Injury: _____ Date of last surgery: _____

HISTORY OF PRESENT ILLNESS

Please complete thoughtfully each item of the following questionnaire. The information can be of critical importance to you and your physician. If you have any questions, your nurse or doctor can help you.

Current Problem	Please print or write answer	Nurse's comments
1. For what condition or symptoms are you being seen today? (pain, numbness, tingling, weakness, swelling, etc.)		
2. Please use the following illustration provided to mark where you are experiencing your problem if it applies. ➡		
3. When did you first notice the symptoms?		
4. Was there an accident or injury? If so, where and how did it happen?		
5. History of illness: In outline form, please try to give a chronological list or step by step history of the progression or symptoms from onset to present. When possible, record the approximate dates of important changes or developments.		
6. Location: Starts where? Radiates to where?		
7. Quality (circle any that apply or insert your own description) sharp dull electric aching burning other:		
8. Severity (please grade your symptoms 0=minimal 10=extreme) 1 2 3 4 5 6 7 8 9 10		