Current Problem	Please print or write answer	Nurse's comments
9. Duration: how long does it last?		
10. Timing: a. How often does it happen? (during each day, week, month)		
b. Is it occurring: ❒ more often ❒ less often ❒ can't say		
c. Associated with any other symptom or complaint?		
d. Mainly at night or during the day or both?		
11. Context: associated with any particular activity?		
12. Is there any history of this or a similar problem prior to the current condition or symptoms?		
13. Prior medical treatment: Doctor? Where? When? Surgery? Special Tests? (MRI, arthrogram, CT scan, X-rays)		

MEDICAL HISTORY

ORTHOPEDIC SCREEN-Please circle any of the following conditions you have had or now have.

Rheumatoid arthritis, recurrent joint swelling or pain; dislocated joints; known arthritic condition; gout; lupus; joint infection; joint laxity; loss of joint motion or other abnormality involving joints.

Neck or back pain; ruptured disc or sciatica; spinal curvature or other spine abnormality; chest deformity.

Brittle or soft bones; osteoporosis; known bone cyst or bone infection.

Bursitis; tendonitis; painful bone spurs; torn muscles or tendons

Congenital abnormality of extremities, trunk or other areas.

Fractures and serious injuries; Please list date and type:________________________________

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