

J. Andrew Hurst, M.D.

Piney Woods Orthopedics

3816 North University

Nacogdoches, Texas 75965

Patient Name: _____ Appointment Date: _____

Age: _____ Sex: F / M Dominate Hand: R / L / Ambidextrous

Did you bring X-Rays: Yes / No Performed at: _____

Who requested that you visit our office: _____

Complaint: Please only check Main Issue (Patients will be seen for one issue per visit)

Body Part	Left	Right	Bilateral	Body Part	Left	Right	Bilateral
Shoulder				Elbow			
Hand				Wrist			
Finger(s)				Hip			
Upper Leg				Lower Leg			
Knee				Ankle			
Foot				Toes			

INJURY: YES / NO **DATE OF INJURY:** _____ **ONSET OF PAIN:** GRADUAL SUDDEN

MOTOR VEHICLE ACCIDENT **DATE:** _____ **WEARING SEAT BELT:** Yes/ No

Location in Car: _____ Air Bag Deployed: _____

Describe details of wreck: _____

Pursuing Legal Action: Yes / No

Medical Care Received / By Whom: _____

SIGNS/SYMPTOMS:

Sudden	Burning	Dull	Sharp	Stabbing	Improving	Unchanged
Getting Worse		Bruising	Swelling	Limping	Stiffness	Weakness

Other: _____

TIMING OF PAIN: Constant Intermittent Night Pain

CURRENT PAIN: 1 2 3 4 5 6 7 8 9 10

HOW LONG HAVE YOU HAD YOUR PAIN: _____

METHODS USED TO TREAT PAIN:

No Treatment	Brace	Muscle Relaxers	Tylenol	Rest	Ice	Elevation
Aspirations	Injections	Physical Therapy	Other: _____			

Pain Medicine: Name _____ NSAID – Name and Dosage: _____

What actually relieves your pain: _____

DIAGNOSTIC IMAGING STUDIES:

Bone Scan	Cat Scan	MRI	X-Rays	Ultrasound	No Imaging Studies
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Performed at: _____

LIMITATIONS RELATED TO CURRENT CHIEF COMPLAINT:

WHOM HAVE YOU SEEN FOR THIS PROBLEM:

Primary Care Physician: _____ Orthopedist: _____

Emergency Room: _____ Other: _____