



Steven J. Overturf M.D.  
Edwin L. Ferren MD  
Shawna Blackmon P.A-C  
3816 N University Dr.  
Nacogdoches, TX 75965  
PH:936.560.2990  
Fax:9365605734

**Patient History**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M F (circle one) Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hand Dominance: RT \_\_\_\_\_ LT \_\_\_\_\_ Both \_\_\_\_\_

Referring MD: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Cardiologist: \_\_\_\_\_ Blood Thinner: YES NO

Current Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**History of present illness/injury (reason for your visit)**

Reason for Visit: \_\_\_\_\_ Work Related: YES NO

Date of Onset (WHEN DID IT HAPPEN) \_\_\_\_\_

Mechanism of Injury (HOW DID IT HAPPEN) \_\_\_\_\_

**DESCRIPTION OF PAIN:** \_\_\_\_\_  
\_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**QUALITY:** shooting throbbing sharp burning aching tenderness

**SEVERITY** (scale 0=minimal / 10=extreme) 0 1 2 3 4 5 6 7 8 9 10

**Duration:** constant frequent sometimes

**SYMPTOMS:** swelling bruising numbness tingling grinding popping

What makes it better? \_\_\_\_\_

What makes it worse? \_\_\_\_\_

**TIMING:**

- How often does it happen? : During each day/week/ month \_\_\_\_\_
- Is it occurring: More often / Less often/ Can't say \_\_\_\_\_
- Associated with any other symptom or complaint? \_\_\_\_\_
- Mainly at Night/ During the Day/ In the Morning/ \_\_\_\_\_

Is it associated with any particular activity? YES/ NO \_\_\_\_\_

If YES, Explain: \_\_\_\_\_

**PRIOR TREATMENT FOR THIS PROBLEM( INCLUDE DATES)**

Physician/ Hospital: \_\_\_\_\_

Medication/ Injections: \_\_\_\_\_

Physical Therapy: \_\_\_\_\_



Steven J. Overturf M.D.  
Edwin L. Ferren MD  
Shawna Blackmon P.A-C  
3816 N University Dr.  
Nacogdoches, TX 75965  
PH:936.560.2990  
Fax:9365605734

**Diagnostic Test:**

---