

Patient Questionnaire

Full Name _____ Age _____ Today's Date _____

Referred by _____ Primary Care Provider _____

What brings you here today? _____

Which side is affected? Right / Left / Both Which hand do you write with? Right / Left / Both

Date of injury or problem onset _____ **Do you have a worker's compensation claim for this issue? Yes / No**

Occupation _____ Hobbies (sports, musical instruments, etc.) _____

Height _____ Weight _____

Medical History

	yes	no		yes	no
High Blood Pressure			Peptic Ulcer Disease (stomach ulcers)		
Heart Problems/MI			Bleeding Problems		
Breathing/Respiratory Problems			Problems taking Ibuprofen/NSAIDS/Aspirin		
Kidney disease			Taken steroid medication		
Hepatitis/Liver disease			Alcohol/Drug addiction		
Diabetes			Arthritis		
Thyroid problems			Recent Infections		
Stroke / CVA			Are you possibly pregnant?		
Cancer			Are you a current tobacco user?		
Autoimmune disease (Rheumatoid, Lupus, etc)			Any other medical problems?		

Please explain any yes answers: _____

Have you ever had surgery? Yes / No If yes please list:

What medicines do you take currently or have taken in the past 3 months:

May we download your Medication History from the Pharmacy Database? Yes / No

Which pharmacy do you use? _____ Address: _____

Do you have any allergies to medicine or biologics? Yes / No (If so please list and include reaction)

Any major medical problems run in the family? Yes / No (Please specify relationship)

Are you currently experiencing any of the following:

	yes	no
Unexpected weight loss or weight gain, fever, fatigue		
Corrective lenses, blurred/double vision, eye pain, redness, watering		
Headache, difficulty swallowing, nose bleeds, ringing in ears, earache		
Chest pain, palpitations, fainting, murmurs		
Shortness of breath, wheezing, chest tightness, cough		
Heartburn, nausea, vomiting, constipation, diarrhea		
Frequency, urgency, and/or painful/bloody urination, side or low back pain		
Joint pain, swelling, instability, stiffness, redness, muscle pain		
Skin changes, slow/poor healing, rash, itching, redness		
Numbness/tingling, unsteady gait, dizziness, tremors, seizure		
Nervousness, anxiety, depression		
Easy bleeding, bruising		
Excessive thirst or urination, heat/cold intolerable		

Please explain any yes answers:
