ASHEVILLE ORTHOPAEDIC ASSOCIATES

AN AFFILIATE OF MISSION HEALTH

Please complete front and back

History of Present Illness

What body location(s) are we treating you for today (example: left ankle):

_____

What symptoms are you experiencing with the area(s) identified? Please select all that apply:

☐ Aching ☐ Numbness

☐ Burning ☐ Tingling

☐ Throbbing ☐ Other: _____

☐ Stabbing

Do the symptoms radiate to another location in your body?

☐ Does not radiate

☐ Does radiate to the: _____

How long has this been occurring? (numerical response) _____ ☐ Days ☐ Weeks ☐ Months ☐ Years

What frequency do you experience these symptoms? ☐ Constant ☐ Intermittent

What do your symptom(s) worsen with?

_____

What do your symptom(s) improve with?

_____

What is your pain rating? (0-10): _____ / 10

Have you had surgery on the affected area(s)?

☐ No ☐ Yes

If Yes, please provide date(s) and type of surgery: _____

Previous Treatment(s) Please select all that apply:

☐ Nothing ☐ Injections

☐ Physical Therapy ☐ Activity Modification

☐ Medications ☐ Other: _____

Treatment Outcome:

☐ Excellent relief ☐ Some Relief ☐ No Relief

Any additional background you want your provider to know?

_____

Review of Systems – Do you now or have you recently had any of the following?

	Yes	No		Yes	No
Constitutional			**Musculoskeletal**		
Fevers			Back Pain		
Fatigue			Joint Pain		
Sleeping Problems			Neck Pain		
Weight Loss			Stiffness in Joints		
Weight Gain			Stiffness in Neck		
			Swelling of Joints		
EENT (Eyes, Ears, Nose, Throat)			**Neurologic**		
Blurred Vision			Changes in Alertness		
Double Vision			Headache		
Vision Loss			Loss of Bladder Control		
Hearing Loss			Loss of Consciousness		
Dizziness			Numbness		
Ringing in Ears			Seizures		
Hoarseness or Other Voice Changes			Tingling		
Snoring			Weakness		
Sore Throat					
Sores in Mouth					
Partials or Dentures					
Cardiovascular			**Respiratory**		
Chest Pain			Coughing up Blood		
Palpitations			Difficulty Breathing		
Sweating			Pauses in Breathing		
Fainting			Bluish Discoloring to Skin/Mouth		
Gastrointestinal			**Heme/Lympha**		
Bloody Stools			Acute Anemia		
Nausea			Decreased Platelet Count		
Heartburn/Acid Reflux			Bleeding Easily		
			Bruising Easily		
			Masses (Lumps) in Armpit		
			Masses (Lumps) in Neck		
			Masses (Lumps) in Groin		

Preferred Pharmacy: _____