

New Patient Intake Questionnaire
UCLA Sports Medicine

Patient Information Sheet
(Please print)

1. Were you referred to this office?

- If yes, who referred you?

2. Chief Complaint (what problem brings you in today?):

3. History of your Main Complaint:

4. Past Medical History (Any medical problems?):

5. Past Surgical History (Any surgery in the past?):

6. Current Medications:

Allergies:

7. Social History:

- Do you smoke? Yes No If yes, how much per day?
- Do you drink alcohol? Yes No If yes, how much per day?
- Occupation Living Situation:

