Fondren Orthopedic Group L.L.P.

Please complete form to the best of your ability and deliver to the receptionist upon your visit.

Patient Name:_________________________________ Today's Date:____________________
Age:___________ Are you Right Handed or Left Handed?
Referring Doctor:______________________________ or Referring Friend:_________________
Describe your problem: ____
Duration of symptoms:___________________ or Date of Injury:_________________________
Cause of Injury:____
What makes your pain better?____
What makes your pain worse?: ____
Please rate your pain: (No Pain) 0 1 2 3 4 5 6 7 8 9 10 (Severe Pain)
Select any studies already performed for this problem: X-Rays CAT scan MRI Nerve Study
Select any treatments so far: None Anti-inflammatory pills Physical Therapy Injections
Will there be any legal action with respect to this problem? Yes No Maybe
Are you represented by an attorney? ____
Review of Symptoms (Are you experiencing any of the following symptoms?)

Fever | Night sweats | Loss of appetite
Unintentional weight loss | Change in bowel or bladder habits | Weakness
Frequent falls | Loss of coordination

Your own personal medical history (Please check all that apply to you.)

_____Heart attack
____Stroke/TIA
____Hepatitis/HIV
____Angina (chest pain)
____Seizures
____Cancer
____Congestive heart failure
____Diabetes
____Bladder infection
____High blood pressure
____Phlebitis (blood clot)
____Kidney stones
____Asthma/Emphysema
____Pulmonary embolus
____Stomach Ulcers

List all surgeries you've had:	
List all medications you currently take:	
List any allergies to medications:	
Family Medical History (describe conditions that run in your family):	

Social History
Occupation:____________________________________ If retired, how long?
Employer: With whom do you live?
Do you smoke? Y /N Do you drink alcohol? Y/N
If so, how many packs/day?_______________ If so, how much? __________________________
Do you have any metal in your body? Y/N Are you claustrophobic? Y/N
Height:_______ft ______in Weight: _________lbs