

MIDWEST ORTHOPEDICS FOOT & ANKLE, PC

Date: _____

Name: _____ Age: _____

Name of Doctor or Person who referred you? _____

CHIEF COMPLAINT:

What are we seeing you for today (i.e. right heel pain, left knee pain, both hips pain)? _____

HISTORY OF PRESENT ILLNESS:

Was this an injury or accident or did it start gradually? _____

If this is an *injury* or *accident*:

In what state did the injury or accident occur? _____

Where did the injury occur (i.e. work, home, church)? _____

How did it happen? _____

When did it occur? _____

Where were you initially (i.e. St Joseph's Emergency Room)? _____

How were you treated (i.e. x-rays, splint, pain meds, crutches, ice elevation, other)? _____

If this came on *gradually*, or since the injury, how have you been treated? _____
(i.e. x-rays, inserts, shots, physical therapy, non-steroidal medication)

Have any special test been done?

Bone scan, results: _____

MRI, results: _____

CT scan, results: _____

How long has this been going on (i.e. 1 week, 3 months, 4 years)? _____

Do you have pain daily? Yes No

Does it cause you to limp? Yes No

Does it keep you from doing things you enjoy? Yes No

Such as (i.e. golfing, walking)? _____

When does it hurt the most (i.e. first thing in the morning, throughout the day, at night)? _____

Do you have: Swelling Locking or Catching Giving way? (Check all that apply)

Does it wake you up at night or keep you awake? Yes No

What aggravates it? Standing Walking Sitting Other _____

What makes it feel better? Elevation Ice Wraps Staying off it Other _____

Have you had any previous surgeries or injuries of this body part? Yes No

If yes, please explain: _____

Do you do any regular exercise? Yes/No, If you please explain:

Stair stepper/ stair master

Walking: How often? _____ How far? _____

Running: How often? _____ How far? _____

Physician Signature: _____