

Injection & Fracture Care Follow up Intake Form

_____/_____/_____
 Last Name First Name Appointment Date What Dr. are you seeing today?

Please fill out this Section if you are having Injection 2-5 today

Have you ever had an Injection? Y N

If yes, what was the date of your last Injection? _____ What injection was it? 1 2 3 4 5

What type of injections have you had in the PAST? Supartz Synvisc Orthovisc Other _____

Did you ever have any reaction to the Injection/s? Y N

If you had an Injection, did it help you with your Pain? Y N

What percentage did it help? *Please circle* 0 10 20 30 40 50 60 70 80 90 100%

Current Work Status: Please check off your current work status if you are a workers compensation patient.

Regular Duty Light Duty Not Working due to this injury Disabled Retired Student

Please fill out this Section if you are here for a **FRACTURE CARE** appointment

Have you had increased Pain Swelling What is your level of pain today? From 0 to 10 _____

Do you need your cast replaced today? Y N

Are you currently on pain medications for this injury? Y N If yes, which one/s _____

Current Work Status: Please check off your current work status if you are a workers compensation patient.

Regular Duty Light Duty Not Working due to this injury Disabled Retired Student

REVIEW OF SYSTEMS

Have you had any problems related to the following systems?

Circle all that apply

Constitutional Systems	Chills	Fever	Headache	None
Eyes	Blurred	Double Vision	Vision Change	None
Ear/Nose/Throat	Earache	Sore Throat	Sinus Congestion	None
Cardiovascular	Chest Pain	Shortness of Breath	Palpations	None
Respiratory	Chronic Cough	Wheezes	Asthma	None
Gastrointestinal	Abdominal Pain	Nausca	Bowel Habit Changes	None
Genitourinary	Frequent Urination	Urine Retention	Kidney Problems	None
Musculoskeletal	Neck Pain	Back Pain	Joint Pain	None
Skin	Rash	Skin Discolor	Persistent Itch	None
Neurologic	Stroke	Weakness	Vertigo	None
Psychiatric	Anxiety	Depression	Sleep Disorders	None
Endocrine	Thirst Increase	Sweats	Thyroid Disease	None
Hematologic/Lymphatic	Swollen Glands	Blood Clotting Problem	Anemia	None
Allergic/Immunologic	Hay Fever			None