55 E 86th St, #1A
New York, New York 10028
(212) 348-3636

My Appointment today is with (Please Check):

- o Donald Rose, MD
- o Thomas Youm, MD
- o Craig Capeci, MD
- o Martin Quirno, MD

PATIENT HISTORY

PATIENT NAME: _____

DATE OF BIRTH: _____**AGE**:_____

HEIGHT:_____**WEIGHT**:_____**EYES**:_____**HAIR**:_____

HANDED: *R L* **SEX**: *M F* **RACE**: *WH BL HIP ASIAN*

OCCUPATION:_____**SPORT**:_____

CHIEF COMPLAINT: _____

Neck__ Arms: R L Back__ Hip: R L Knee: R L Ankle: R L

INJURY: *Y N* **DATE**:_____ **WORK COMP**__ **MVA**__

HISTORY:_____

_____

_____

_____

_____

_____

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_____

_____

_____

_____

_____

PAIN LOCATION: *Anterior__ Posterior__ Medial__ Lateral__*

_____

PAIN FOR HOW LONG: _____**PAIN 1-10**_____

PAIN: *Constant__ Intermittent__ Sharp__ Dull__ Night__*

Sitting__ Stairs__ Numbness/Tingling__ Locking__ Swelling__

*Giving Way__ Clicking__ Unstable__ Other:*_____

WHAT MAKES PAIN BETTER: _____

WORSE: _____

TREATMENT: *None__ PT__ Injection__ Meds__ Rest__ Ice__*

_____ **Improved**: *Y N*

XRAYS:_____**MRI**:____**CT**:_____**EMG**:____**OTHER**:_____

RESULTS:_____

_____

PRIOR SURGERY (dates):_____

_____

_____

REVIEW OF SYSTEMS: (any recent) *Painful Urination___*

Fever/Chills___ Blurred Vision___ Shortness of Breath____

Sore Throat___ Chest Pain___ Headaches__ Weight Loss __

Nausea/Vomiting ___Rashes___ Easy Bleeding/Bruising ___

Seizures __ Explain:_____

TOBACCO: *now___ former___ how many/day_____ yrs_____*

ALCOHOL (drinks/wk)_____**DRUGS**_____

PREGNANT: *Y N* **MARRIED**: *S__ M__ D__ W__*

FAMILY HISTORY: *Diabetes__ Heart Disease__ Cancer__*

*Hypertension__ Stroke __ Other:*_____

MEDICAL HISTORY: *Heart__ Lung__ Stomach__ Diabetes__*

Hypertension__ Liver__ Kidney__ Bladder__ Sleep Apnea____

*Cardiac Stent__ Blood Clot__ Blood Thinner:*_____

_____

_____

MEDS:_____

_____

ALLERGIES (meds):_____

PT SIGNATURE: _____ **DATE**: _____

DR SIGNATURE: _____ **DATE**: _____