

Dr. Martin's New Patient / New Problem Questionnaire

Please answer all questions thoroughly and check all boxes that apply.

First Name _____ Last Name _____ Age ____ Date of Birth ____ / ____ / ____

Male Female What is your hand dominance? Right Left Ambidextrous

• How did you find out about Dr. Martin and who referred you?

primary care doctor insurance company OrthoArizona website

other health care provider friend or family Dr. Martin's website

other _____

• Who is your primary care doctor? _____ Address _____

• Reason for today's visit _____

• When did your problem start? _____

• How did your injury occur or what initiated your symptoms? _____

• What are your symptoms? _____

• Are your symptoms: rare intermittent constant

• If you have pain in a particular body part or joint, where specifically in that joint would you say that you feel your pain?

• How would you describe your pain? achy throbbing dull sharp burning

• If you have pain, please rate it on a 1 to 10 severity scale (worst =10) _____

• Do you have any other symptoms, if not already discussed, such as:

stiffness grinding instability locking numbness/tingling

popping swelling weakness night pain

• Have you ever experienced any problems involving this body part in the past? Yes No

If yes, please provide details _____

• Have you ever had any of the following imaging studies or tests performed for this problem?

X-rays Cat Scan (CT) MRI EMG Laboratory studies

When were these studies performed? _____

Where were they performed? _____

Did you bring these studies today? Yes No If yes, are the images: plain films on a CD

• If you have had prior surgery for this problem, please provide details below:

What surgery was performed? _____

When? _____

Where? _____

Who was your surgeon? _____

• Your current occupation _____ Employer _____

• Current work status: full time part time unemployed temporary/permanent disability retired

• If working, what are your current job requirements:

seated work climbing prolonged standing pushing/pulling

lifting regularly up to ____ lbs squatting prolonged walking