

CHATTANOOGA NON-SURGICAL ORTHOPEDICS

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chattanooganonsurgicalorthopedics.com

PATIENT NAME: _____ DATE: _____

DATE OF BIRTH: _____ SEX: MALE / FEMALE

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME #: _____ CELL: _____ WORK: _____

CHIEF COMPLAINT: _____ HOW LONG HAVE YOU BEEN DEALING WITH THIS? _____

What type of non surgical care are you seeking? (check one) Short Term Relief Long Term Correction

What Causes you pain?			Type of Pain:		Frequency:	
	Increases	Decreases		Check all that apply		Check all that apply
Standing			Achy		Morning	
Sitting			Dull		Afternoon	
Walking			Sharp		Evening	
Lying			Stabbing		Bedtime	
Bending			Throbbing			
Squatting			Radiating		Constant	
Sleeping			Burning		Frequently	
Up Stairs			Itching			
Downstairs			Numb			
Coughing			Pins & Needles			
Sneezing						
Certain Movements						

PAIN SCALE: 0 1 2 3 4 5 6 7 8 9 10 (10 being the worse pain - Circle one)

WHAT HAVE YOU TAKEN OR DONE TO RELIEVE PAIN? _____

Past Injuries or Trauma

INJURIES OR TRAUMA	YEAR	HOW WAS IT TREATED
Head		
Ankle		
Shoulder		
Low Back		
Neck		
Knee		
Hip		

Medical History

WEIGHT: _____		HEIGHT: _____							
FAMILY HISTORY		SOCIAL HISTORY		MEDICAL HISTORY			SURGICAL HISTORY:		
Heart Disease		Alcohol:			Y	N		Y	N
High Blood Pressure		Never		Diabetes			Appendectomy		
Stroke		0 – 1 x week		Hypertension			Tonsillectomy		
Cancer		1 - 5 x week		Thyroid			Inguinal Hernia		
Type:		Other		Heart Disease			Ventral Hernia		
Tuberculosis				Stroke			Umbilical Hernia		
Bleeding Tendency		Tobacco:		GI Disorder			Cholecystectomy		
Diabetes		Never		Hepatitis			Hysterectomy		
Arthritis		Quit		HIV			Cesarean Section		
		When?		Kidney Disorders			Coronary Stent		
		Packs per day?		Cancer			Carotid		
		Yrs Smoked		Ulcer			Endarterectomy		
				Seizure			Angioplasty		
				Asthma			Vascular Bypass		
				Mental Illness			Craniotomy		
				Infections			Total Hip		
				Anemia			Total Knee		
				Pregnancy			Rotator Cuff		
				Prostate Issues			Carpal Tunnel Release		
				Auto Immune			Lumbar		
				Lyme's Disease			Cervical Fusion		
				Epstein Barr Virus			Arthroscopy		

MEDICATIONS:	DOSAGE:	ALLERGIES:

Are you seeking to get off your medications? _____

Additional Notes: _____
