PATIENT HISTORY UPDATE FORM

JORDAN-YOUNG INSTITUTE
ORTHOPEDIC SURGERY & SPORTS MEDICINE

PLEASE COMPLETE THIS FORM SO THAT WE MAY KEEP OUR RECORDS CURRENT

☐ **New Problem** ☐ **Existing Problem**

Patient's Name: _____ Today's Date: _____

Patient's Date of Birth: _____ Age: _____ Height: _____ Weight: _____

When was your last visit to JYI? _____ Physician: _____

What are we seeing you for today? _____

How long have you had this problem? _____

What is the severity of your pain? (Circle One) None 1 2 3 4 5 6 7 8 9 10 Horrible

Is your pain: ☐ Improving? ☐ Worsening? ☐ Staying the same ☐ _____

Was there an event which you believe caused or was associated with your problem? ☐ Yes ☐ No

If yes, what happened? _____

_____

Is there anything that relieves or worsens your symptoms? ☐ Yes ☐ No

If yes, what? _____

Have you tried any of the following? ☐ Bracing ☐ Cane ☐ Weight Loss_____# ☐ Therapy How long? _____

Injections: ☐ Steroid Last: _____ How Many? ____ ☐ Visco (Synvisc, Euflexxa, etc.) Last: _____ How many? ___

☐ Anti-Inflammatory Medications (Past & Present – which? Aleve, Advil, Ibuprofen, Celebrex, Mobic, Naprosyn, etc.)

_____

Have you had any studies, tests or x-rays performed elsewhere that were related to this problem?

☐ Yes ☐ No If yes, what? _____

Please list **all surgeries you have had since your last visit** to JYI: _____

_____

Please list any **conditions you have developed since your last visit to JYI**: _____

_____

IF A MEDICATIONS/ALLERGIES LIST IS ATTACHED REVIEW AND UPDATE

Signature: _____ Date: _____

Physician Review: _____ Date: _____