

SOUTHWEST ORTHOPAEDIC GROUP[©]

INJURY INFORMATION

For Office Use Only

Medical Chart Number: _____

Physician: _____

Date _____

Last Name _____ First name _____ Date of Birth _____

1. WHAT IS YOUR INJURY:

- Shoulder ____ Right ____ Left
Are you right or left handed? ____ Right ____ Left
- Knee ____ Right ____ Left
- Other _____ (please specify area) ____ Right ____ Left

a) Date of injury _____

b) Was your injury triggered by (check all that apply)?

- Sport _____
- Daily Activity _____
- Other _____
- No specific trigger can be identified

c) How long of you been feeling pain? _____

2. SYMPTOMS

Shoulder (check all that apply)

Pain (check intensity): ____ Mild ____ Moderate ____ Severe

When does the pain occur? (e.g., activity, night, etc) _____

Swelling (check intensity): ____ Immediate (less than 4 hours) ____ Delayed ____ Recurring

Dislocation – Has this happened before? ____ Yes ____ No

Weakness

Is motion restricted? ____ Yes ____ No

Other _____

Knee (check all that apply)

Pain (check intensity): ____ Mild ____ Moderate ____ Severe

When does the pain occur? (e.g., activity, night, etc) _____

Swelling (check intensity): ____ Immediate (less than 4 hours) ____ Delayed ____ Recurring

Pop/snap in knee

Locking/unable to bend or straighten properly

Kneecap unstable

Difficulty with stairs

Difficulty entering or leaving car

Other _____

Other – please specify area _____ (check all that apply)

Pain (check intensity): ____ Mild ____ Moderate ____ Severe

When does the pain occur? (e.g., activity, night, etc) _____

Swelling (check intensity): ____ Immediate (less than 4 hours) ____ Delayed ____ Recurring

Unstable sensation / looseness

Popping or “catch” in joint

Other _____

3. TREATMENT (check all that apply and provide details)

None/Rest _____

Brace/Cast _____

Anti-inflammatory/Medications (for this injury - e.g. Aleve, Advil) _____

Injection _____

Rehabilitation/Therapy _____

Surgery _____

Return to Activity (& Date) _____

4. ACTIVITY

a) Primary sport _____

b) What level? (e.g., college, recreational) _____

c) Other sports _____

d) Runner? ____ miles x ____ days/week = ____ miles/week

e) How does injury affect your daily activities? _____

5. OCCUPATION

a) What is your profession? _____

b) What is your job description? _____

c) How has your injury affect your job? _____