Orthopedic **A**nd **S**ports **I**njury **S**ervices

1. Please indicate any of the following conditions that <u>you</u> have:

	Yes	No
Arthritis		
Diabetes		
Thyroid Condition		
Dizziness/fainting		
Low/high blood pressure		
Heart condition		
Chest pain		
Pacemaker		
History of cancer		
Allergies to tape/latex		
Any allergies		
Epilepsy/seizures		
Shortness of breath		
Asthma		
Bronchitis		
Other respiratory condition		
Hearing impairment		
Pregnancy		
Metal implants (inc IUD)		

	Yes	No
Hernia		
Depression		
Osteoporosis		
Smoking history		
Raynaud's		
Sleeping problems		
Cough		
Vision difficulties		
Swallowing difficulties		
Slurred speech		
Memory problems		
Balance problems		
Recent falls/blackouts		
Unexplained weight loss		
Groin numbness/tingling		
Bowel/bladder difficulties		
Headaches		
Blood disease		

Other: _____

Surgeries: (with approx. dates) _____

_____

Previous Injuries: (with approx. dates)_____

_____

Injections: (with approx. dates) _____

_____

2. Do you sleep through the night? ☐ Yes ☐ No
   B) Do you wake but feel unrested? ☐ Yes ☐ No
   C) What position do you sleep in? Lying on ☐ back ☐ stomach ☐ side

2. Is there anything else we should know about your health? _____

   _____

3. Do you have a return appointment with the doctor who referred you? ☐ Yes ☐ No
   If yes, when? _____

4. If appropriate, please complete the following sentences:
   I hope to return to (what activity)… _____
   I hope to have reduced pain when I… _____
   I hope to have increased mobility/decreased pain in (what area of body) …

   _____

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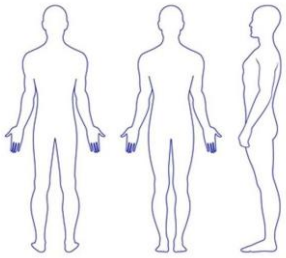
6. Please list any medications you are currently taking:

Medication	Dose	Frequency

7. Have you had any of the following tests for the condition for which you are presently referred?

Test	Yes	No	When	Location of test	Results
X-rays					
CT scan					
EMG/nerve conduction					
MRI					
Bone density Study					
Ultrasound					
Other					



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Please indicate with an X your main area(s) of concern for today's assessment

Consent to Assessment and Treatment:

_____ _____

Signature Date