



## Pre-Exam Questionnaire - ORTHOPEDIC

In order to evaluate your condition fully, please be as accurate as possible. Thank you.

1. Where is your pain or problem? <small>(check all that apply)</small>		? Neck	? Lower back	? Middle back	? Other:
		? Elbow	? Elbow	? Shoulder/upper arm	
		? Hip	? Knee	? Foot/ankle	
2. a) On a scale from 1 to 10, what is the worst your pain has been in the past several days? _____/10					
		Mild discomfort	Moderate		Unbearable, Severe
		1-----	-----5-----		-----10
b) My pain bothers me		? constantly	? most of the time	? only occasionally	? once in awhile
c) Do you have any regular numbness or tingling?		? Yes	? No		
3. a) What movements or positions make your pain worse?					
b) What makes your pain better?					
4. a) When did this problem first begin? ____/____/____ (approximate date)					
b) How did this problem begin? (i.e. car accident/fall/gradual onset?)					
5. My pain/problem is slowly getting		? worse	? better	? staying the same	
6. List the dates and results of any.		? X-rays:			
		? MRI's:			
7. Have you ever had this pain or problem before?		? Yes	? No		
a) If yes, did you receive any treatments at that time?		? Yes	? No		
b) If yes, what type? Was it helpful?					

\_\_\_\_\_

Patient Name

\_\_\_\_\_

Signature

\_\_\_\_/\_\_\_\_/20\_\_\_\_

Today's Date