ENCOMPASS MEDICAL GROUP

Patient Medical Questionnaire

Patient Name _____ DOB _____ SSN _____

Today's Date_____ Guarantor_____ Legal Guardian_____

Weight_____ Height_____ Age_____

Primary Physician _____ Referral Physician _____

Chief Complaint

Why are you seeing the doctor today?

_____

Describe events around the reason for today's visit. _____

Location _____ How long has it been present?_____

Description of the pain: ◻ dull ◻ sharp ◻ tingling ◻ other _____

When does it occur? ◻ at rest ◻ with activity ◻ at night ◻ other _____

Any other symptoms associated with current problem? _____

Severity: One a scale of 1-10, how severe is the pain? (1 - very little and 10 - excruciating/can't function)

◻ 1 very little ◻ 2 ◻ 3 ◻ 4 ◻ 5 ◻ 6 ◻ 7 ◻ 8 ◻ 9 ◻ 10 excruciating/can't function

What makes it better or worse? ◻ pain medicine ◻ ice ◻ heat ◻ rest ◻ activity ◻ elevation

Context: How did it occur? _____ Is it better?_____ Is it worse?_____

Review of Symptom

Are you (or the child) currently having or have had problems with (check all that apply and explain):

Constitutional	No	Yes	◻ Fatigue ◻ Fever ◻ Weight loss ◻ Headache ◻ Other_____
Eyes	No	Yes	◻ Blurred Vision ◻ Glasses ◻ Other_____
Ears/Nose/Throat	No	Yes	◻ Congestion ◻ Hearing loss ◻ Jaw discomfort ◻ Other _____
Lungs, Breathing	No	Yes	◻ Shortness of breath ◻ Wheezing ◻ Cough ◻ Other _____
Heart	No	Yes	◻ Chest pain ◻ Irregular heartbeat ◻ Heart murmurs ◻ Explain_____
Gastrointestinal	No	Yes	◻ Nausea ◻ Vomiting ◻ Stomach aches ◻ Constipation ◻ Diarrhea ◻ Other _____
Bladder	No	Yes	◻ Incontinence ◻ Urinary Tract Infections ◻ Difficulty urinating ◻ Other_____
Endocrine	No	Yes	◻ Diabetes ◻ Thyroid problems ◻ Delays in growth ◻ Hypertension ◻ Hypotension
Musculoskeletal	No	Yes	◻ Joint pain ◻ Leg pain ◻ History of broken bones ◻ Other_____
Bleeding problems	No	Yes	◻ Anemia ◻ Prolonged bleeding after cut/injury ◻ Other_____
Neurological	No	Yes	◻ Numbness/tingling ◻ Dizziness ◻ Headaches ◻ Frequent falls ◻ Other_____
Integumentary	No	Yes	◻ Rashes ◻ Skin disorders ◻ Connective tissue disorders ◻ Other_____
Psychiatric	No	Yes	◻ Changes in mood or behavior ◻ Change in sleep patterns ◻ Other_____
Immunologic/Allergic	No	Yes	◻ Asthma ◻ Communicable diseases ◻ Chronic rashes ◻ Hay fever ◻ Other_____

Current medications and dosages

_____ _____ _____

_____ _____ _____

_____ _____ _____

Are you allergic to any medicine? No Yes

If yes, please list and type of reaction: _____

Michael M. Hall, M.D.
Fellow American Board of Orthopedic Surgeons
Board "Certificate of Added Qualification"
Hand Surgery
Hand and Upper Extremity Microsurgery
General Orthopedics

Ronald W. Stitt, Jr., M.D.
Fellow American Board of Orthopedic Surgeon
Total Joint Arthroplasty
Arthroscopic Surgery
General Orthopedics

Dr. Raymond Rizzi, DPM
Ankle & Foot Surgery
Trauma/Reconstruction/Sports Wound Care

ENCOMPASS
MEDICAL GROUP

Patient Medical Questionnaire

Have you ever had general anesthesia? No Yes

Have you had any problems with anesthesia? No Yes Describe _____

Past Medical History

Surgeries/Hospitalizations/Medical Conditions	Year	Complications
_____	_____	_____
_____	_____	_____
_____	_____	_____

Past Family History

Relation	Alive (age)	Deceased (age)	Cause of Death	Health Problem
Mother				
Father				
Brother(s)				
Sister(s)				

Social History

Home: ◻ 1 story ◻ 2 story ◻ Entrance steps ◻ Apartment

Lives with: ◻ Spouse ◻ Parent(s) ◻ Alone ◻ Guardian ◻ Other _____

Occupation _____ Involved in school sports ◻ No ◻ Yes _____

If patient is child - ◻ Daycare ◻ Private sitter ◻ Preschool ◻ Student Grade_____

Tobacco use? ◻ No ◻ Yes Type/Amount per day/week_____

Alcohol use? ◻ No ◻ Yes Type/Amount per day/week_____

Drug use? ◻ No ◻ Yes Type/Amount per day/week_____

Patient/Parent/Guardian Signature _____ **Date** _____

Reviewed by _____ **MD/DPM** **Date** _____

Michael M. Hall, M.D.
Fellow American Board of Orthopedic Surgeons
Board "Certificate of Added Qualification"
Hand Surgery
Hand and Upper Extremity Microsurgery
General Orthopedics

Ronald W. Stitt, Jr., M.D.
Fellow American Board of Orthopedic Surgeon
Total Joint Arthroplasty
Arthroscopic Surgery
General Orthopedics

Dr. Raymond Rizzi, DPM
Ankle & Foot Surgery
Trauma/Reconstruction/Sports Wound Care