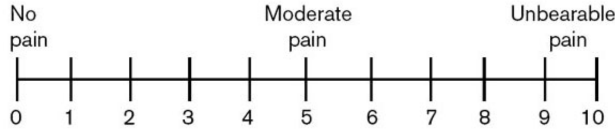
marinhealth | UCSF Health

General History & Physical

Name: **Age:** **Date:**

What side is the problem? ☐ Left ☐ Right ☐ Both **What hand do you write with?** ☐ Left ☐ Right	Patient Sticker
Height: **Weight:**	
Circle a number from 0-10 that best describes how much pain you are having **RIGHT NOW.**	For a child or non-english speaking adult, use the FACES© pain rating scale below:



Please list any **ALLERGIES** you have to <u>medications or food/substances:</u>	☐ None
Please list all **prescription medications** and the dose that you take (or provide a list):	☐ None
Please indicate your **preferred** pharmacy with name/city/zip:	

When did you start to have pain?

Was there a specific injury (if so, what happened)?

What treatments have you tried: ☐ None ☐ NSAIDS *(Motrin, Ibuprofen)* Helpful? ☐ Y ☐ N ☐ Narcotics *(Codeine, Vicodin)* Helpful? ☐ Y ☐ N ☐ Physical Therapy Helpful? ☐ Y ☐ N ☐ Injections Helpful? ☐ Y ☐ N ☐ Surgery Helpful? ☐ Y ☐ N	**Please list any previous surgeries to this area of your body below:**
What makes the pain better? **What makes the pain worse?**	**How do you describe the pain?** ☐ Dull ☐ Aching ☐ Sharp ☐ Throbbing

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Occupation?			
What sports/activities do you participate in?			
Sport	Level	Hours/Week	Weeks/Year

Check and explain if you have any of the following:

☐ **NONE OF THE BELOW**

☐ Headache, dizziness, visual problems ____
☐ Ear, nose or throat problem ____
☐ Chest pain, irregular heartbeat, palpitations ____
☐ Lung problems, asthma, shortness of breath ____
☐ Difficulty or frequent urination ____
☐ Nausea, vomiting, diarrhea, heartburn ____
☐ Loss of sensation in your arms or legs ____
☐ Vascular disease ____
☐ Diabetes, thyroid or other endocrine problems ____
☐ Easy bruising ____
☐ Fevers, chills, night sweats ____
☐ Recent weight loss or gain ____

Today's Visit at the MarinHealth Orthopedic Care:

To ensure you get the most out of your appointment, please list below three main concerns you'd like addressed. (As an example: review imaging studies, discuss medication management, explore non-operative treatments, etc.)

1. ____
____
____

2. ____
____
____

3. ____
____
____

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