SAN MATEO ORTHOPEDIC MEDICAL GROUP, INC.
77 N. San Mateo Dr. San Mateo, CA 94401
(650)342-0854 F(650)342-2198
www.sanmateoorthomed.com

Name:
Date:
Birthdate:
Primary Care Doctor:

What body area would you like addressed today? _____

_____

Did something happen to create/worsen your injury?

_____

How long have you had this pain and is it constant or intermittent? (please circle)

less than a week less than 1 month more than 3 months Constant Intermittent

What does the pain feel like? (circle all that apply)

Numbness tingling burning sharp stabbing aching dull
radiating other_____

What makes your pain worse/when DO you have pain? (circle all that apply)

Walking Sitting Standing Lifting Bending Lying Down
Sleep Housework Stairs Other_____

What makes your pain better/when do you NOT have pain?(circle all that apply)

Walking Sitting Standing Lying Down Sleep Ice Heat
Exercise Medication Rest Other_____

How bad is your pain right NOW? (0=no pain and 10=worst imaginable pain)

0 1 2 3 4 5 6 7 8 9 10

If you are taking medication,

How bad is your pain withOUT medications?	**How bad is your pain with medications?**
0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10

Are you able to be more active with medications/injections/therapy? Yes / No

Have you had any imaging done before? (please circle) X-Rays MRIs CT

Are you currently taking any pain medication's (name, strength, frequency)?

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Are you experiencing any side effects from your current pain medication? (please circle)

nausea vomiting itching constipation diarrhea drowsy dizziness other_____

Have you tried any interventions/therapies for your condition and how much relief did the interventions provide if any? (please circle)

Chiropractics	0% 25% 50% 75% 100%
Massage Therapy	0% 25% 50% 75% 100%
Acupuncture	0% 25% 50% 75% 100%
Physical Therapy	0% 25% 50% 75% 100%
Trigger point injections	0% 25% 50% 75% 100%
Epidural/Facet injections	0% 25% 50% 75% 100%
Botox injections	0% 25% 50% 75% 100%

Any bowel or bladder control changes (if yes please explain)? Yes / No

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Any coordination changes/problems (if yes please explain)? Yes / No

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Any changes in your general health since your last visit?

Any new or discontinued medications?
