□ Gout □ Hepatitis □ Chronic bronchitis □ GU / Urological	B/P:	_ (Staff use only)		MRN#
Name:				
Height: Weight: DOB: Referring Physician or Family Physician:	Namo			
Reason for visit / injury: Pain Location: When did this injury/pain begin (date)? Where and how did injury occur: Other physicians or specialists you have visited for this problem: PCP / Family Dr. Referring Physician: Specialist: Have you been seen by a Cardiologist in the past year? Name: Plain X-Rays Date(s) Where: Plain X-Rays Date(s) Where: Bone Scan Date(s) Where: What treatment have you received for your problem? Brace, injection, manipulation, surgery other? Does any position / activity make it better? If so, what? What activities do you do for fun? Are you: Right Handed Left Handed Because of this problem, I have filed or plan to file: a lawsuit a workers compensation claim neither is there a workers compensation dispute? Yes No Medical History Check all that apply None apply Cerebral Palsy Heart Murmer, Valve problems Asthma Other Problems: Fibromyalgia Peptic Ulcer CoPD, emphysema Eye, Ear, Nose Fibromyalgia Peptic Ulcer CoPD, emphysema Seizure Disorder Cystic Fibrosis Connectarities Copy Connectogical Descending Heart Ministroke / TIA Siepa Anemia Kidney Stones Gone Congestive Heart Attack Ministroke / TIA Siepa Anemia Kidney Disease Disorder Siepa Anemia Kidney Disease Other Injury or Problems High Chloslesterol Blood Clot in Lung Pulmonary Flypertension Type I Type				
Pain Location: Severity (None 0-10 Worse): When did this injury/pain begin (date)? Where and how did injury occur: Specialists you have visited for this problem: PCP / Family Dr. Referring Physicians or specialists you have visited for this problem: PCP / Family Dr. Referring Physicians: Specialist: Date: Specialist: Specialist: Date: Specialist: Dat				
When did this injury/pain begin (date)?				
Other physicians or specialists you have visited for this problem: PCP / Family Dr:			11 47 32 3 3 3 3 3 3 3 3 3	• POST SPACE SECTION OF SECTION O
Referring Physician: Specialist: Date: Date: Date: Have you been seen by a Cardiologist in the past year? Name: Date: Date: Mhat testing have you received for this problem? None Plain X-Rays Date(s) Where: Where: EMG/Nerve Test Date(s) Where: Where: Bone Scan Date(s) Where: Where: What treatment have you received for your problem? Brace, injection, manipulation, surgery other? Does any position / activity make it better? If so, what? Does any position / activity make it worse? If so, what? What activities do you do for fun? Are you: Right Handed Left Handed Because of this problem, I have filed or plan to file: a lawsuit a workers compensation claim neither Is there a workers compensation dispute? Yes No Medical History Check all that apply None apply Fibronial Ashma Other Problems: Gout Peptic Ulcer COPD, emphysema Sye, Ear, Nose Gout Peptic Ulcer COPD, emphysema Sye, Ear, Nose Gout Peptic Ulcer COPD, emphysema Sying Bifida Stroke Pulmonary Fibrosis Gynecological Remandator Attritis Sicroke Spina Bifida Stroke Spina Bifida Strok	vvnen did tills injury/pain t	Jegin (date)s	_ vvnere and now did injury	v occur:
What testing have you received for this problem? None Plain X-Rays Date(s) Where:	Other physicians or speciali	sts you have visited for this problem	PCP / Family Dr:	
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Plain X-Rays Date(s) Where:	Have you been seen by a Ca	rdiologist in the past year? Name:_		Date:
CT Scan/MRI Date(s)	What testing have you rec	ceived for this problem? None		
EMG/Nerve Test Date(s) Where: Where: What treatment have you received for your problem? Brace, injection, manipulation, surgery other? What treatment have you received for your problem? Brace, injection, manipulation, surgery other? What treatment have you received for your problem? Brace, injection, manipulation, surgery other?				
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Are you: Right Handed Left Handed Because of this problem, I have filed or plan to file: a lawsuit a workers compensation claim neither Is there a workers compensation dispute? Yes No Medical History Check all that apply None apply Cerebral Palsy Heart Murmer, Valve problems Asthma Other Problems: Fibromyalgia Peptic Ulcer COPD, emphysema Eye, Ear, Nose Gout Hepatitis Chronic bronchitis GU/Urological Chronic bronchitis GU/Urological Rheumatoid Arthritis Seizure Disorder Cystic Fibrosis Orthopaedic Fractures Spina Bifida Stroke Societa Anemia Shoring Mental Illness Heart Attack Mini stroke / TIA Kidney Stones High Cholesterol Blood Clot in Lung High Blood Pressure Type High Blood Pressure Type Type High Blood Pressure Type Type Thronic Disease				
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Medical History Check all that apply	57		weuit	neation claim. Dinaither
Medical History Check all that apply None apply Cerebral Palsy Heart Murmer, Valve problems Asthma Fibromyalgia Peptic Ulcer COPD, emphysema Eye, Ear, Nose Gout Hepatitis Chronic bronchitis GU / Urological Osteoarthritis Liver Disease Pulmonary Fibrosis Gynecological Rheumatoid Arthritis Seizure Disorder Sleep Apnea Skin Spina Bifida Stroke Sleep Apnea Skin Heart Attack Mini stroke / TIA Kidney Stones Mental Illness Congestive Heart Failure Anemia Kidney Disease Other Injury or Problems High Cholesterol Blood Clot in Leg Diabetes Type I Peripheral Vascular Disease Blood Clot in Lung HIV, AIDS High Blood Pressure Type I HIV, AIDS High Blood Pressure Type I Pulmonary Hypertension Thyroid Disease				nsation ciaim - ineither
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☐ Fibromyalgia ☐ Peptic Ulcer ☐ COPD, emphysema ☐ Eye, Ear, Nose	Medical History Ch	eck all that apply 🔲 None	e apply	
Gout ☐ Hepatitis ☐ Chronic bronchitis ☐ GU / Urological	☐ Cerebral Palsy	☐ Heart Murmer, Valve problems	☐ Asthma	
□ Osteoarthritis □ Liver Disease □ Pulmonary Fibrosis □ Gynecological □ Rheumatoid Arthritis □ Seizure Disorder □ Cystic Fibrosis □ Orthopaedic Fractures □ Spina Bifida □ Stroke □ Sleep Apnea □ Skin □ Heart Attack □ Mini stroke / TIA □ Snoring □ Mental Illness □ Congestive Heart Failure □ Anemia □ Kidney Stones □ Other Injury or Problems □ High Cholesterol □ Blood Clot in Leg □ Diabetes □ Type I □ Peripheral Vascular Disease □ Blood Clot in Lung □ HIV, AIDS □ Pulmonary Hypertension □ Pulmonary Hypertension □ Pulmonary Hypertension □ Thyroid Disease	, 0	☐ Peptic Ulcer		☐ Eye, Ear, Nose
□ Rheumatoid Arthritis □ Seizure Disorder □ Cystic Fibrosis □ Orthopaedic Fractures □ Spina Bifida □ Stroke □ Sleep Apnea □ Skin □ Heart Attack □ Mini stroke / TIA □ Snoring □ Mental Illness □ Congestive Heart Failure □ Anemia □ Kidney Stones □ Other Injury or Problems □ High Cholesterol □ Blood Clot in Leg □ Diabetes □ Type I □ Peripheral Vascular Disease □ Blood Clot in Lung □ Type I □ Carotid Artery Disease, CAD □ Cancer Where □ Pulmonary Hypertension □ High Blood Pressure □ Thyroid Disease		☐ Hepatitis		☐ GU / Urological
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☐ Congestive Heart Failure ☐ Anemia ☐ Kidney Stones ☐ Other Injury or Problems ☐ Carotid Artery Disease, CAD ☐ Cancer Where ☐ Pulmonary Hypertension ☐ Thyroid Disease ☐ Thyr	☐ Spina Bifida	☐ Stroke		☐ Skin
□ High Cholesterol □ Blood Clot in Leg □ Diabetes □ Type I □ Type II □ Carotid Artery Disease, CAD □ Cancer Where □ Pulmonary Hypertension □ Thyroid Disease □ Thyroid Disease		☐ Mini stroke / TIA		☐ Mental Illness
☐ High Cholesterol ☐ Blood Clot in Leg ☐ Diabetes ☐ Type I ☐ Type II ☐ HIV, AIDS ☐ Pulmonary Hypertension ☐ Thyroid Disease ☐ Thyroid Dis	☐ Congestive Heart Failure	☐ Anemia		☐ Other Injury or Problems
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☐ High Blood Pressure ☐ Pulmonary Hypertension ☐ Thyroid Disease	200 pm - 160 mm tr. 1 € 160 mm tr. 1 160 mm	☐ Blood Clot in Lung	☐ Type II	
☐ Thyroid Disease	☐ Carotid Artery Disease, CAD	☐ Cancer Where		
	☐ High Blood Pressure	Туре		
- implants (type) location).	☐ Implants (type/location): _		☐ Adrenal Disorder	

Operation					☐ No surgerie
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Organ Transp	lant Please describ	oe			
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■ Problems with	anesthesia for your or y	our family? Pl	ease explain		
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Social Histor	٣v		320		
	*				
1. Work status:	□Homemaker □ R				IFull-time □Part-ti
Occupation: _		Employe	r	Date last	worked
2. Education:	GED	☐High School	□ Associates	■ Bachelors	
		☐ Doctorate			
	■ Masters	■ Doctorate	Other:		
3. Marital status:	☐ Masters ☐ Married		☐ Other: Par		☐ Co-Habitatin
	☐ Single ☐ Married	☐ Widowed	☐ Divorced ☐ Par	tner/Significant Other	
	☐ Single ☐ Married ☐ Never (skip to #5)	☐ Widowed	☐ Divorced ☐ Par☐ Chew		☐ Co-Habitatin☐ E-Cig/Vape
	☐ Single ☐ Married ☐ Never (skip to #5) ☐ Cigarettes packs	□ Widowed □ Cigar s per day for ye	☐ Divorced ☐ Par☐ Chew	tner/Significant Other	
	☐ Single ☐ Married ☐ Never (skip to #5) ☐ Cigarettes packs	□ Widowed □ Cigar s per day for ye	☐ Divorced ☐ Par☐ Chew	tner/Significant Other	
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I. Tobacco use:	☐ Single ☐ Married ☐ Never (skip to #5) ☐ Cigarettes packs	☐ Widowed ☐ Cigar s per day for ye after smoking	☐ Divorced ☐ Par☐ Chew	tner/Significant Other ☐ Pipe years.	☐ E-Cig/Vape
4. Tobacco use: 5. Alcohol:	☐ Single ☐ Married ☐ Never (skip to #5) ☐ Cigarettes packs ☐ Quit? When?	□ Widowed □ Cigar s per day for ye after smoking Oate □ Drinks/week	□ Divorced □ Par □ Chew ears. g packs per day for □ Recovering alcoh	tner/Significant Other Pipe years. Olic History of Alc	□ E-Cig/Vape
I. Tobacco use: 5. Alcohol: 6. Drug use:	□ Single □ Married □ Never (skip to #5) □ Cigarettes packs □ Quit? When?	□ Widowed □ Cigar s per day for ye after smoking □ Drinks/week □ Currently	□ Divorced □ Par □ Chew ears. g packs per day for □ Recovering alcoh □ In the past	tner/Significant Other ☐ Pipe years.	□ E-Cig/Vape
I. Tobacco use: 5. Alcohol: 6. Drug use:	□ Single □ Married □ Never (skip to #5) □ Cigarettes packs □ Quit? When?	□ Widowed □ Cigar s per day for ye after smoking Oate □ Drinks/week	□ Divorced □ Par □ Chew ears. g packs per day for □ Recovering alcoh □ In the past	tner/Significant Other Pipe years. Olic History of Alc	□ E-Cig/Vape
4. Tobacco use: 5. Alcohol: 6. Drug use: 7. □ Flu Shot:	□ Single □ Married □ Never (skip to #5) □ Cigarettes packs □ Quit? When? □ Never or rare □ Never	□ Widowed □ Cigar s per day for ye after smoking □ Drinks/week □ Currently □ Pnuemonia Shot	□ Divorced □ Par □ Chew ears. g packs per day for □ Recovering alcoh □ In the past Month / Year	tner/Significant Other Pipe years. olic History of Alc	□ E-Cig/Vape
1. Tobacco use: 5. Alcohol: 6. Drug use: 7. □ Flu Shot:	□ Single □ Married □ Never (skip to #5) □ Cigarettes packs □ Quit? When? □ Never or rare □ Never	□ Widowed □ Cigar s per day for ye after smoking □ Drinks/week □ Currently □ Pnuemonia Shot	□ Divorced □ Par □ Chew ears. g packs per day for □ Recovering alcoh □ In the past Month / Year	tner/Significant Other Pipe years. olic History of Alc	□ E-Cig/Vape
3. Marital status: 4. Tobacco use: 5. Alcohol: 6. Drug use: 7. ☐ Flu Shot: 8. Do you have any r	□ Single □ Married □ Never (skip to #5) □ Cigarettes packs □ Quit? When? □ Never or rare □ Never Month / Year eligious beliefs or values that	□ Widowed □ Cigar s per day for ye after smoking □ Drinks/week □ Currently □ Pnuemonia Shot	□ Divorced □ Par □ Chew ears. g packs per day for □ Recovering alcoh □ In the past Month / Year	tner/Significant Other Pipe years. olic History of Alc	□ E-Cig/Vape
4. Tobacco use: 5. Alcohol: 6. Drug use: 7. □ Flu Shot: 8. Do you have any r	□ Single □ Married □ Never (skip to #5) □ Cigarettes packs □ Quit? When? □ Never or rare □ Never Month/Year eligious beliefs or values that	□ Widowed □ Cigar s per day for ye after smoking □ Drinks/week □ Currently □ Pnuemonia Shot	□ Divorced □ Par □ Chew ears. g packs per day for □ Recovering alcoh □ In the past Month / Year It to help us with your care?	tner/Significant Other Pipe years. olic History of Alc Recovering	□ E-Cig/Vape
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4. Tobacco use: 5. Alcohol: 6. Drug use: 7. □ Flu Shot: 8. Do you have any r	□ Single □ Married □ Never (skip to #5) □ Cigarettes packs □ Quit? When? □ Never or rare □ Never Month / Year eligious beliefs or values that	□ Widowed □ Cigar s per day for ye after smoking □ Drinks/week □ Currently □ Pnuemonia Shot s we need to know about	□ Divorced □ Par □ Chew ears. g packs per day for □ Recovering alcoh □ In the past Month / Year It to help us with your care?	tner/Significant Other Pipe years. olic History of Alc Recovering	□ E-Cig/Vape
5. Alcohol: 6. Drug use: 7. ☐ Flu Shot: B. Do you have any release list Family Histo	□ Single □ Married □ Never (skip to #5) □ Cigarettes packs □ Quit? When? □ Never or rare □ Never Month/Year eligious beliefs or values that □ Cancer	□ Widowed □ Cigar s per day for ye after smoking □ Drinks/week □ Currently □ Pnuemonia Shot s we need to know about	Divorced Par Chew ears. g packs per day for Recovering alcoh In the past Month/Year It to help us with your care? Cher, sibling No sign Heart Disease	tner/Significant Other Pipe years. olic History of Alcomorphic Properties No Yes ifficant family history Scoliosis	□ E-Cig/Vape
5. Alcohol: 6. Drug use: 7. ☐ Flu Shot: B. Do you have any replease list Family Histo Characterist	□ Single □ Married □ Never (skip to #5) □ Cigarettes packs □ Quit? When? □ Never or rare □ Never Month/Year eligious beliefs or values that □ Cancer □ Diabete	□ Widowed □ Cigar s per day for ye after smoking □ Drinks/week □ Currently □ Pnuemonia Shot s we need to know about	Divorced Par Chew ears. g packs per day for Recovering alcoh In the past Month / Year It to help us with your care? Ther, sibling No sign Heart Disease Hypertension	rtner/Significant Other Pipe years. Olic History of Alc Recovering No Yes Difficant family history Scoliosis Seizures Seizures	□ E-Cig/Vape
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5. Alcohol: 6. Drug use: 7. Flu Shot: 8. Do you have any release list 9 Alcoholism 9 Arthritis 9 Asthma 1 Bleeding Disorde	□ Single □ Married □ Never (skip to #5) □ Cigarettes packs □ Quit? When? □ Never or rare □ Never Month/Year eligious beliefs or values that □ Cancer □ Diabetee □ Depress	□ Widowed □ Cigar s per day for ye after smoking □ Drinks/week □ Currently □ Pnuemonia Shot s we need to know about y Note mother, fat s □ s □ ion □	Divorced Par Chew ears. g packs per day for Recovering alcoh In the past Month / Year It to help us with your care? Ther, sibling No sign Heart Disease Hypertension	rtner/Significant Other Pipe years. Olic History of Alc Recovering No Yes Difficant family history Scoliosis Seizures Seizures	□ E-Cig/Vape

MOC 596

General Medical History Form, continued

Allergies & Reaction	(Rash or Swelling • Wheezing or	r shock * Upset stomach * Unknown i	reaction}			

Do you have a Latex allergy?	□Yes □No					
List of medications a	nd dose taken (Include all d	over-the-countermedications)	Not taking any medication			
Medication name		Medication name	Dose How ofter			
			i i			
	, , ,	one apply				
☐ Reading glasses	☐ Heart or chest pain	☐ Frequent urination	☐ Frequent rash/skin erupti			
☐ Change of vision	☐ Abnormal heartbeat	☐ Burning on urination	☐ Itching			
☐ Eye disease	☐ Swollen ankles, legs	☐ Difficulty starting urination	☐ Moles			
☐ Loss of hearing	☐ Calf cramps with walking	□ Get up more than once every night to urinate□ Difficulty holding urine	□ Abnormal nails			
⊒ Ear pain	☐ Shortness of breath at rest		☐ Fever or chills			
☐ Hoarseness	☐ Shortness of breath with exertion		☐ Hot or cold spells			
☐ Nosebleeds	☐ Pneumonia	, ,	☐ Fainting			
☐ Difficulty swallowing	☐ Heart disease	☐ Joint pain	☐ Weakness			
☐ Morning cough	☐ Heart burn	☐ Frequent headaches				
Dizziness	☐ Poor appetite	☐ Night sweats	□ Loss of coordination			
☐ Congestion	☐ Nausea or vomiting	☐ Numbness or tingling	☐ Recent weight change			
☐ Sore throat	☐ Stomach pain	sensation	☐ Eating disorder			
☐ Toothache, tooth problems	□ Ulcers	☐ Heat or cold intolerance	☐ Nervous exhaustion			
	☐ Frequent belching	☐ Blackouts	□ Depression			
☐ Gum trouble/bleeding gums	267 98800 509 - 6014 199205 - 2411	☐ Seizures	☐ Anxiety			
	☐ Frequent diarrhea		- / Wilder			
☐ Gum trouble/bleeding gums ☐ Mouth/throat ulcers ☐ Bruise easily	☐ Frequent diarrhea ☐ Frequent constipation					
☐ Mouth/throat ulcers	The second secon	☐ Use more than one pillow or wake up short of breath	☐ Bipolar ☐ Schizophrenia			

MOC 596

Midwest Orthopaedic Center, SC

						ŀ	(nee (Office	e Visit	Form
Date:	1	Name:				School/Occ	cupation:		DOB:	
Age:	Sex: (Grade:	D	ate of Injury	/Onset:	F	low Injured:			
MIDWEST Sports/Act	ivity:					5	Surgery Date			
ORTHOPÆDIC CENTER Family Ref	erring Phys	sician		201		Have yo	ou had surge	ry on this p	roblem before	? Y / N
BELOW IS FOR OFFICE	E USE	ONLY								
Present Symptoms								•	10.00	
					0.5.0	3.3-1000				7
General		Rig	ht				Le			
1. Effusion	NL	Mild	Mod	Sev		NL	Mild	Mod	Sev	
2. Total Flexion	NL	110°	90°	<90°		NL	110°	90°	<90°	
3. Lack of Extension	NL	5-10°	11-15°	>15°		NL	5-10°	11-15°	>15°	
4. Quadriceps Weakness	NL	Mild	Mod	Sev	CM	NL	Mild	Mod	Sev	
Tibio Femoral										
5. Joint Line Tenderness	NL	Mild	Mod	Sev BM	•	NL	Mild	Mod	Sev BMJL	
6. Crepitus	NL	Mild	Mod	Sev	•	NL	Mild	Mod	Sev range	
7. Compression Pain	NL	Mild	Mod	Sev MI		NL	Mild	Mod	Sev MIL	
Patello Femoral Joint									ط دراد	
B. Crepitus	NL	Mild	Mod	Sev	-	NL	Mild	Mod	Sev range	
9. Compression Pain	NL	Mild	Mod	Sev	*2	NL	Mild	Mod	Sev	
10. Soft Tissue Tenderness	NL	Mild	Mod	Sev		NL	Mild	Mod	Sev	
Location:		C et l				Locat				
 Soft Tissue Swelling Location: 	NL	Mild	Mod	Sev		Locat	NL ion:	Mild	Mod Sev	
12. Lat. Sublux at 20° (% Width)	0-25	26-50	51-75	>75		Locat	0-25	26-50	51-75	>75
3. Med. Sublux at 20° (mm)	15	11-15	6-10	0-5			15	11-15	6-10 0-5	2/3
14. Q Angle at 5°	0-15	16-20	21-25	>25			0-15	16-20	21-25	>25
15. Q Angle at 20°	25	30	35	>35			25	30	35 >35	723
Subluxation										
Test Righ	t	Left	Differ	rence	Test	1	Right	Left	Differe	nce
	mm	mm		nm	Med 0°		mm	mm	mn	
Ant 90°	mm	mm	n	nm	Med 25°		mm	mm	mn	
P.S. (0-3)			-		Lat 0°		mm	mm	mn	
Post 25°	mm	mm	n	nm	Lat 25°		mm	mm	mm	
Post 90°	mm	mm	n	nm	ER 25°		deg.	deg.	deg	
RPS (0-3)			_		ER 90°		deg.	deg.	deg	
K-ray	Mild	Mod Narrowing <1/2 Joint	Sev Narrowing <1/2 Joint	g	NL	Mild	Mod Sev Narrowing Narro 1/2 Joint <1/2	wing		
6. Med Tibiofemoral				u sublu	x 🗖		1/2 joint <1/2		ublux	
7. Lat Tibiofemoral			ā	tilt	^ _		5 5	□ t		
8. Patellofemoral				- 1000-1000 (100) (1000 (100) (1000 (1000 (1000 (100) (1000 (1000 (1000 (1000 (1000 (100) (1000 (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (100) (1000 (100) (100) (1000 (100) (100) (1000 (100) (100) (1000 (100) (100) (100) (1000 (100)				_,	Wild TX	
7. Alignment	•		WBL				WBL			
Diagnosis:										
				4.44						
reatment										

☐ light duty

☐ full duty

Signature _

Next appointment _

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M.D. __

Return to Activity

_ Rehab _