

Name: _____ Date: _____
DOB: _____ Age: _____ Email: _____
Pharmacy Name and Location: _____ Phone: _____

Date of injury / accident / onset of problem: _____

Work related: Y N

MVA: Y N

Area of Concern:

- right shoulder left shoulder right elbow left elbow right wrist left wrist
 right hand/fingers left hand/fingers right hip left hip right knee left knee
 right ankle left ankle right foot left foot

Other: _____

Complaint/problem today: _____

Symptoms:

- Pain Stiffness Weakness Unstable
 Gives out Difficulty walking Instability Loss of motion
 Swollen Other: _____

What, if anything, makes your symptoms worse?

- Getting up & down from sitting position Standing (weight bearing) Walking/Running
 Climbing stairs Exercise Lifting arm above head Getting dressed for the day
 Other: _____

What, if anything, makes your symptoms better?

- Rest Exercise Physical Therapy Heat
 Activity Modification Pain medicine Injections Ice

Treatments tried since symptoms began?

- Physical Therapy Length of treatment _____ Did it help? Y N
 Injections Date _____ Kind of injection? Synvisc One or Three Euflexxa Cortisone Gel One
 Other: _____ Did injection help? Y N

Non-Steroidal anti-inflammatories or arthritis for at least 3 weeks?

- Arthrotec Celebrex Mobic Feldene Ibuprofen Naproxen Voltaren
 Aleve Advil Toradol Other NSAID: _____