

**PLEASE UPDATE FOR OUR RECORDS:
PATIENT HISTORY FORM**

This is a confidential record and information contained here will not be released without your consent.

Today's Date ___/___/___ Date of Injury ___/___/___ Date of Birth ___/___/___

Last Name _____ First Name _____ Middle _____

Primary Care Physician _____ Who referred you to us? _____

Do you want a report sent to this physician? _____ yes _____ no

CHIEF COMPLAINT: What is the main reason for your visit today? Describe problem in detail. (What Hurts)

Work related? _____ Sports related? _____ Motor Vehicle Accident? _____

HISTORY OF PRESENT ILLNESS

When did you first notice this problem? _____

What makes the problem worse? _____

What makes the problem better? _____

How long does the problem usually last?

Minutes _____ Hours _____ Constant _____ Occasional _____

Does the problem interfere with your normal functions? (Explain) _____

Have you seen another physician for this problem? (Explain) _____

Have you had any diagnostic studies or treatments for this problem? (X-rays, MRI, EMG, Bone Scan, Bone Density?) If so, when and where? _____

Pain Level _____ 0-3 (mild) _____ 4-6 (moderate) _____ 7-10 (severe)

List any changes in medical history in the last 6 months (**DIAGNOSIS, MEDICINES, or SURGERIES**):

List all known drug allergies: _____

Signature _____

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Orthopedic Surgery
Sports Medicine
Arthroscopy
Joint Replacement
Fracture Care
Comprehensive Back & Neck Care
Open MRI & Bone Densitometer
Hand and Upper Extremity Care

Work Status Forms

Work status forms are a common part of a patient's total care. These forms include disability forms, return to work forms, do not return to work forms, Family Medical Leave Act forms or (FMLA) Worker's Compensation forms, and even light duty forms with work restrictions.

These forms may be different depending on the company. They are legal documents, which can affect the amount of money a patient may or may not receive from their job or their disability insurance. For this reason, and to help minimize errors that could directly affect a patient's job or finances, please be aware of the following policies:

- The doctor will fill out all work status forms in the presence of the patient.
(Please fill in all patient's sections in advance)
- All work status issues must be addressed face to face with the doctor.
- Please do not leave the office visit without addressing all work status issues and prescription needs.

Patient Signature

Date