

HMC HAND/FOOT AND ANKLE INSTITUTE QUESTIONNAIRE

HISTORY OF PRESENT ILLNESS

1. What are we seeing you for today? _____
 2. What is the goal of your visit? _____
 3. Where is the problem located? _____
 4. When and how did this injury begin? _____
 5. What treatments have you had for this condition? Physical Therapy Bracing/Orthotics
 Injections Surgery (*where and surgeon name*): _____
 6. Any swelling, change in size, shape, numbness, catching or weakness? _____
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7. What studies have you had for this problem? X-rays CT MRI
 Nerve Study (EMG) Arthrogram Bone Scan

PAST SURGICAL HISTORY (list all) _____

PAIN

8. Where is the pain on your body? _____
 9. Describe your pain (Sharp, dull, etc.): _____
 10. What makes your pain or problem better? _____
 11. What makes your pain or problem worse? _____
 12. What makes your pain or problem change? Is it associated with anything else? _____
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13. What provider is managing your pain? _____

ACTIVITY HISTORY

14. Are you currently working: No Yes, Occupation: _____
15. Is this a work related injury? No Yes, LWCP: _____
16. If disabled, what is the date that you last worked? _____

PROVIDER SIGNATURE	PRINT NAME	PAGER	NPI	DATE	TIME
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PT.NO _____

NAME _____


DOB _____

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Page 1 of 1



H2807

WHITE - MEDICAL RECORD

HMC2807 REV MAY 16