CHART #: _____

Capital Area Orthopedic Associates LLC

HPI – New Patient

PATIENT NAME: _____ DOB: _____-_____-_____
LAST FIRST MI

HISTORY OF PRESENT ILLNESS (HPI)

Chief Complaint (In your own words) Why are you here today? _____

_____

Are you currently pregnant? ☐ Yes ☐ No ☐ Possibly

Are you experiencing pain at this time? ☐ Yes ☐ No

Does your problem awaken you from sleep? ☐ Yes ☐ No

Any daily activities limited b/c of the problem? ☐ No

☐ Dressing ☐ Bathing ☐ Using Bathroom ☐ Feeding ☐ Getting up from bed/chair

Since the injury, have you been able to work?

☐ Unable to work at all since injury ☐ Able to work w/ restrictions since injury

☐ Temporary limitations after injury – no restrictions now ☐ No work restrictions since injury

LOCATION

What extremity are you being evaluated for today? If you have more than one problem, pick the one problem that bothers you most.

☐ Shoulder	☐ Upper Arm	☐ Elbow	☐ Forearm
☐ Wrist	☐ Hand	☐ Fingers	☐ Back
☐ Neck	☐ Hip	☐ Knee	☐ Leg
☐ Ankle	☐ Foot	☐ Toes	

What side of body? ☐ Left ☐ Right ☐ Both

CHART #: _____

Capital Area Orthopedic Associates LLC

HPI – New Patient

QUALITY

How would you describe the problem/pain?

☐ Aching ☐ Burning ☐ Cold ☐ Cramping ☐ Crushing ☐ Heaviness

☐ Hot ☐ Nagging ☐ Pressure ☐ Sharp ☐ Shock Like ☐ Shooting

☐ Sore ☐ Stabbing ☐ Stinging ☐ Throbbing ☐ Tightness ☐ Pins & Needles

If your pain is radiating, how would you describe the pain?

☐ Numbness and tingling ☐ Numbness only ☐ Tingling only

SEVERITY

On a scale from 1 to 10, how severe is the problem/pain?
(1 – Barely Feel It, 10 – Most Severe Pain Imaginable): _____

DURATION

Date of injury or Date symptoms began: _____

TIMING

How would you describe the timing of your problem/ pain?

☐ Constant ☐ Comes and Goes ☐ Only w/ movement ☐ Pain has Resolved

CONTEXT

Where were you when your injury first occurred?

☐ Home ☐ School ☐ Work ☐ Auto Accident ☐ Sports Injury

☐ Gradually Occurred ☐ Not Sure ☐ Other: _____

What were you doing when the injury first occurred? _____

What caused the injury? _____

CHART #: _____

HPI – New Patient

MODIFYING FACTORS

What helps the pain?

☐ Rest ☐ Ice ☐ Heat ☐ Medication ☐ Nothing ☐ Other: _____

What medications are you taking for pain?

☐ No Medications ☐ Vicodin or Tylenol 3 ☐ Percocet ☐ Tylenol

☐ Ibuprofen (Advil/Motrin) ☐ Aleve/ Naprosyn ☐ Other: _____

AGGRAVATING FACTORS

What seems to aggravate the pain?

☐ Exercise ☐ Sitting ☐ Standing ☐ Walking ☐ Repetitive Motions

☐ Overhead activities ☐ Coughing, Sneezing, Straining ☐ Rest ☐ Bending ☐ Stair Climbing

☐ Nothing ☐ Other: _____

ASSOCIATED SIGNS &SYMPTOMS

What symptoms have you developed as a result of the problem/injury?

☐ Fever ☐ Drainage ☐ Nausea ☐ Bleeding ☐Headache

☐ Numbness/Tingling ☐ Pain ☐ Weakness ☐ Joint Problems ☐ Other: _____

TESTS & TREATMENTS

What tests have you had done, if any?	When	Where
☐ MRI		
☐ X-Rays		
☐ CT Scan		
☐ EMG		
☐ Ultrasound		
☐ Other		

CHART #: _____

HPI – New Patient

Previous Treatments ☐ None

☐ Over the Counter Medications
☐ Prescription Medication
☐ Brace, Cast, Splint or Sling
☐ Surgery
☐ Acupuncture
☐ Massage Therapy
☐ Chiropractic Therapy
☐ Ice
☐ Elevation
☐ Heat
☐ Home Exercise
☐ Injection Therapy
☐ Physical Therapy
☐ ER Visit
☐ Previous Physician visit
☐ Previous Surgery
☐ Pain Management
☐ Other

How have these treatments impacted your problem?

☐ Resolved ☐ Improved ☐ No Change ☐ Worse