New Problem Form

BLOUNT ORTHOPAEDIC ASSOCIATES

Date: _____

Full Name: _____ Date of Birth: _____

What do you prefer to be called (*preferred name*)? _____

How were you referred to us? _____

First name & relation (*ex: spouse, parent, friend)* of others in the room with you today: _____

I am: ☐ Right-handed, ☐ Left-handed, ☐ Both (explain): _____

Normally (before any recent injury), I walk with: ☐ no assistive device ☐ cane in: ☐ right ☐ left hand ☐ walker

What is your main issue today? _____

This issue: ☐ is related to an injury ☐ started out of the blue
☐ may have been caused by: _____

If you were ***injured***:
When did it happen (*exact date*)? _____ Where were you? _____
What were you doing? _____ How did it happen? _____

If this injury occurred ***at work*** (***Worker's Comp***):
Who is your employer? _____ How long have you worked there? _____
What is your job title? _____ Main duties: _____
Explain any prior work-related injuries: _____

How long ago did your pain/discomfort start? _____

Where do you feel it? ☐ inside knee ☐ front of knee ☐ outside knee ☐ back of knee
☐ front of hip (groin) ☐ outside hip (lateral) ☐ back of hip (posterior) ☐ low back
☐ front of shoulder ☐ side of shoulder ☐ back of shoulder ☐ neck
☐ other _____

How bad Is it? ☐ mild ☐ moderate ☐ severe ☐ extreme

It feels: ☐ sharp (stabbing) ☐ dull (achy) ☐ pulling (cramping) ☐ tingling/burning ☐ throbbing

It is worse with: ☐ walking/activity ☐ stairs ☐ rising from chair ☐ walking on uneven ground
☐ sleep/nighttime ☐ laying on it ☐ using arm outstretched & overhead
☐ other _____

I also feel: ☐ swelling ☐ motion loss ☐ motion locking ☐ weakness ☐ leg giving out ☐ loss of balance
☐ clicking/popping/snapping ☐ pain with every step ☐ pain at rest ☐ pain that wakes me up at night

Pain meds used: ☐ NSAIDs: ibuprofen, Advil, Motrin, naproxen, Aleve, Naprosyn, Diclofenac, meloxicam, Mobic, celecoxib, Celebrex
☐ acetaminophen, Tylenol ☐ Oral steroids: prednisone, methylprednisolone, Medrol Dosepak
☐ Opioids: tramadol, Ultram, hydrocodone, Vicodin, Norco, oxycodone, Percocet, methadone, suboxone
☐ other pain medications: _____

Other treatments so far: ☐ physical therapy (for weeks) at _____
☐ injection(s): _____
☐ other: _____

Describe any prior (history of) surgery or injury to this body part: _____
_____

Important life activities that have become hard/impossible because of this issue: _____