

Today's Date _____ Phone Number _____

First Name _____ Last Name _____ Date of Birth _____

Relationship to Patient _____ Referring Provider _____

Reason for Visit _____

Was there a specific injury that brings you to the clinic? Yes No Date of injury or onset of the problem? _____

How did the injury occur? _____

Have you been to the ER for the current problem? Yes No Date and location of ER visit _____

Treatment at the ER _____

Has the patient had any of the following imaging studies performed before today's visit? Yes No

If yes, what were the date, location, and results?

X-ray _____

MRI _____

CT _____

Ultrasound _____

Is this a second opinion? Yes No If yes, please explain the previous treatment _____

What is your expectation for this visit? _____

BIRTH HISTORY FOR HIP DYSPLASIA AND CLUB FEET PATIENTS (Please skip if not here for hip dysplasia or club feet)

Type of delivery Vaginal C-section Was the patient breech in the third trimester? Yes No

Was the child the first born? Yes No Family history of dysplasia or clubfeet on either parents' side? Yes No

Has there been any treatment thus far? _____

Over →

FAMILY HISTORY

Please check all that apply:

Diseases	Yes	Relationship	Diseases	Yes	Relationship
Congenital Concerns			Clotting Disorder		
Bleeding Problems			Anesthetic Issues		
Arthritis			Asthma		
Heart Disease			Cancer		
Diabetes Type 1			Bone Cancer		
Hip Dysplasia			Seizures		
Strokes			Club Feet		

PEDIATRIC SOCIAL HISTORY

Who lives at home? _____

Where does the patient go to school? _____ What grade? _____

What extracurricular activities is the patient involved in? _____

If involved in extracurricular activities, when is the next important game/event? _____

If female, has menstruation begun? Yes No Date of first period _____Is a school note required for today? Yes No

What does the note need to say? _____

Is a work note required for today? Yes No Late or full day off? _____Will you require FMLA paperwork? Yes No How long will you request off? _____Will you require a handicap placard? Yes No How long do you need a placard? __________
Patient or Parent/Guardian Signature_____
Date