



55 E 86<sup>th</sup> St, #1A  
 New York, New York 10028  
 (212) 348-3636

My Appointment today is with (Please Check):

- Donald Rose, MD
- Thomas Youm, MD
- Craig Capeci, MD
- Martin Quirno, MD
- Jeffrey Klein, MD

**PATIENT HISTORY**

**PATIENT NAME:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_ **AGE:** \_\_\_\_\_  
**HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **EYES:** \_\_\_\_\_ **HAIR:** \_\_\_\_\_  
**HANDED:** R L **SEX:** M F **RACE:** WH BL HIP ASIAN  
**OCCUPATION:** \_\_\_\_\_ **SPORT:** \_\_\_\_\_  
**CHIEF COMPLAINT:** \_\_\_\_\_

\_\_\_\_\_

**Neck**\_\_ **Shoulder:** R L **Wrist:** R L **Elbow:** R L  
**Back**\_\_ **Hip:** R L **Knee:** R L **Ankle:** R L  
**INJURY:** Y N **DATE:** \_\_\_\_\_ **WORK COMP**\_\_ **MVA**\_\_  
**HISTORY:** \_\_\_\_\_

**PAIN LOCATION:** Anterior\_\_ Posterior\_\_ Medial\_\_ Lateral\_\_

**PAIN FOR HOW LONG:** \_\_\_\_\_

**PAIN 1-10** \_\_\_\_\_

**PAIN:** Constant\_\_ Intermittent\_\_ Sharp\_\_  
 Numbness/Tingling\_\_ Locking\_\_ Swelling\_\_ Giving  
 Way\_\_ Clicking\_\_ Unstable\_\_ Other \_\_\_\_\_

**WHAT MAKES PAIN BETTER:** \_\_\_\_\_

**WORSE:** \_\_\_\_\_

**TREATMENT:** None\_\_ PT\_\_ Injection\_\_ Meds\_\_ Rest\_\_ Ice\_\_

**Improved:** Y N

**XRAYS:** \_\_\_\_\_ **MRI:** \_\_\_\_\_ **CT:** \_\_\_\_\_ **EMG:** \_\_\_\_\_ **OTHER :** \_\_\_\_\_

**RESULTS:** \_\_\_\_\_

**REVIEW OF SYSTEMS: (any recent)** Painful Urination\_\_  
 Fever/Chills\_\_ Blurred Vision\_\_ Shortness of Breath\_\_ Sore  
 Throat\_\_ Chest Pain\_\_ Headaches\_\_ Weight Loss \_\_  
 Nausea/Vomiting\_\_ Rashes\_\_ Easy Bleeding/Bruising \_\_  
 Seizures \_\_ Explain: \_\_\_\_\_

**TOBACCO:** now\_\_ former\_\_ how many/day\_\_\_\_ yrs\_\_\_\_

**ALCOHOL**(drinks/ wk)\_\_\_\_\_ **DRUGS**\_\_\_\_\_

**PREGNANT:** Y N **MARRIED:** S\_\_ M\_\_ D\_\_ W\_\_

**FAMILY HISTORY:** Diabetes\_\_ Heart Disease\_\_ Cancer\_\_  
 Hypertension\_\_ Stroke Other: \_\_\_\_\_

**MEDICAL HISTORY:** Heart\_\_ Lung\_\_ Stomach\_\_ Diabetes\_\_  
 Hypertension\_\_ Liver\_\_ Kidney\_\_ Bladder\_\_ Sleep Apnea\_\_  
 Cardiac Stent\_\_ Blood Clot\_\_ Blood Thinner: \_\_\_\_\_

**PRIOR SURGERY (dates):** \_\_\_\_\_

**PATIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_