M.O.S.T.

Metro Orthopedics & Sports Therapy

Stephen Smith, M.D.
James E. Gilbert, M.D.
Phillip Omohundro, M.D.
Jason M. Weber, D.P.M.
Eran Kessous, M.D.
Joseph A. Shrout, M.D.
Teresa Koebel, P.A.-C.
Barry Thompson, P.A.-C.

Name ______________________________ **Date:** _________

Date of Injury: _________

Have you ever injured this body part before? YES NO

Medical History

High blood pressure	Asthma	Dizziness or fainting
High cholesterol	Osteoporosis	Emotional problems
Diabetes	Arthritis	Recent Unexplained
Cancer	Epilepsy	Weight loss
Heart Problems	HIV/AIDS	Other:___________
Heart Attack	Kidney disease or stones	
Stroke	Long term steroid use	

Please list any previous surgeries:

____

Please list all prescribed and over the counter medications you are currently taking:

____

Are you Pregnant? YES NO

Since your injury, have you or are you experiencing any of the following:

Double vision	Blurred vision	Dizziness/Fainting
Nausea	Tingling	Bowel/bladder problems
Slurred speech	Numbness	Difficulty swallowing

Briefly describe how you were injured:

____

____

____

____

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FAX (301) 588-3419

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Pain rating (scale of 0 to 10; 0 = no pain, 10 = worst imaginable pain):

Current_____ AM_____ PM_____ with Activity _____

Pain description:

Sharp	Tingling	Soreness	Burning
Dull	Numbness	Throbbing	
Ache	Tightness	Pulsating	

What makes your pain worse?

Walking	Sport Activity	Reaching overhead	Bending backwards
Sitting	Driving	Pushing/pulling	Lying down
Standing	Lifting	Getting in/out car	
Running	Twisting	Bending forward	

Other: ____

What takes away/eases your pain?

Heat	Ice	Medication	Rest

Other: ____

Occupation:____

Please circle all activities that you have difficulty with since your injury:

Driving	Computer work	Bathing/Dressing
Lifting _________#s	Kneeling	Cleaning
Push/Pull ________#s	Climbing ladders	Yard work
Walking	Climbing stairs	Other:______________
Sitting	Transferring patients	
Cooking	Sleeping	

Please list any questions you would like your physical therapist to address concerning your present diagnosis/injury.

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