



55 E 86TH ST, #1A
 NEW YORK, NEW YORK 10028
 (212) 348-3636

MY APPOINTMENT TODAY IS WITH (PLEASE CHECK):

- DONALD ROSE, MD
- THOMAS YOU, MD
- CRAIG CAPECI, MD
- MARTIN QUIRNO, 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_ Arms: 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__ Dull__ Night__
 Sitting__ Stairs__ 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: _____

PRIOR SURGERY (dates): _____

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: _____

MEDS: _____

ALLERGIES (meds): _____

PT SIGNATURE: _____ **DATE:** _____

DR SIGNATURE: _____ **DATE:** _____