

NEW PATIENT INFORMATION SHEET

Dr. Paul Abeyta

Today's Date:

Patient Name:

MEDICAL HISTORY

Who referred you

Primary Care Physician

How did you hear about us? Physician Family Website Physical Therapist

Last Name Mi First Name Preferred Name

DOB WT HT

Are you being treated for any medical diseases? (example: diabetes, osteoporosis, heart, lungs, ulcers, pulmonary emboli, high blood pressure)

1 <input type="text"/>	3 <input type="text"/>
2 <input type="text"/>	4 <input type="text"/>

Surgical History: Please list any surgeries or orthopedic injuries with approximate dates

1 <input type="text"/>	3 <input type="text"/>
2 <input type="text"/>	4 <input type="text"/>

Current Medications (list here or attach list)

1 <input type="text"/>
2 <input type="text"/>

Allergies to Medications:

1 <input type="text"/>
2 <input type="text"/>

Do you smoke? No Yes If yes, how many Packs per day?: Former Smoker?

Alcohol? Never Occasionaly Daily

History of bleeding disorders? No Yes

If Yes, Describe:

If there are any rare or unusual diseases in your family, please list:

1 <input type="text"/>	3 <input type="text"/>
2 <input type="text"/>	4 <input type="text"/>

Sports/Activities:

Currently working? No Yes If yes type of work:

PAIN DIAGRAM

Patient Name:

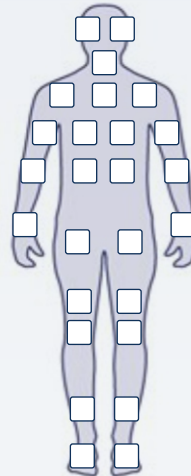
Date:

Check the number that describes the severity of your pain:

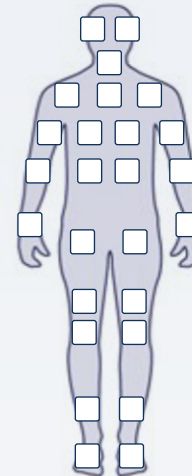
No Pain 1 2 3 4 5 6 7 8 9 10 **Worst Pain**

Mark on the body outline areas where you feel the described sensations. *Use the appropriate symbol:*

Numbness : -----
 Burning : xxx xxx xxx
 Pins & Needles : ooo ooo ooo
 Pain : /// /// ///



FRONT



BACK

REVIEW OF SYSTEM

Please check any that apply:

Constitutional

- Fevers/ Chills/ Sweats
- Unexplained weight gain/ loss
- Excessive thirst or urination

Physician Comments

Cardiovascular

- Chest Pain
- Palpitations

Physician Comments

Respiratory

- Cough/ Wheeze
- Difficulty breathing

Gastrointestinal

- Blood in bowels
- Abdominal pain
- Nausea/ Vomiting
- Diarrhea

Neurologic

- Headaches
- Dizziness/ Light Headedness
- Numbness
- Loss of Coordination

Mental Health

- Anxiety/ Stress
- Trouble Sleeping
- Depression

Skin/ Integument

- Eczema
- Rash

Genitourinary

- Incontinence
- Retention
- Recurrent UTI

Hematologic/ Lymphatic

- Excessive Bleeding
- Easy Bruising

Rheumatologic

- Rheumatoid arthritis

Endocrine

- Diabetes

Other/ Not Listed:

- None Apply/ No Symptoms

Physician Signature:

Date:

I have reviewed and discussed this with the patient.