Regional Physicians
ORTHOPAEDICS
High Point Regional Health System

Dr. Thompson
New Problem Questionnaire

Patient Name:_____
Age:_____ Today's Date:_____/_____/_____
Handedness: ☐ Right ☐ Left

PLEASE ANSWER ALL QUESTIONS AS BEST YOU CAN

Are you presently working? ☐ Yes ☐ No
What job do you do (or grade in school)?_____
Who is your employer (or school name)? _____
How long have you worked here?_____

Are you claiming Workers' Compensation for this problem? ☐ Yes ☐ No

Chief Complaint (MAIN symptom, only ONE please):

☐ Pain ☐ Stiffness ☐ Swelling ☐ Mass ☐ Numbness / Tingling
☐ Wound ☐ Deformity ☐ Skin Lesion ☐ Weakness ☐ Other_____

Severity: ☐ Mild ☐ Moderate ☐ Severe ☐ Variable_____

Involved Side: ☐ Right ☐ Left ☐ Both

Involved Area:

☐ Neck ☐ Shoulder ☐ Arm ☐ Elbow ☐ Forearm ☐ Wrist
☐ Hand ☐ Thumb ☐ Index Finger ☐ Long Finger ☐ Ring Finger ☐ Small Finger

*IF YOUR SYMPTOMS INCLUDE PAIN, NUMBNESS OR TINGLING, OR DECREASED SENSATION, PLEASE ADDRESS THE SYMPTOM DIAGRAM ON THE BACK OF THIS PAGE.

The onset was: ☐ Sudden, beginning on _____/_____/_____
☐ Gradual, first starting _____ ☐ weeks ago ☐ months ago ☐ years ago

How did it happen or start?_____
_____
_____

It feels:

☐ Sharp ☐ Throbbing ☐ Tingling ☐ Cramping ☐ Deep
☐ Dull ☐ Aching ☐ Burning ☐ ☐ Superficial

Symptoms Occur:

☐ with activity ☐ after activity ☐ in the morning ☐ in the evening ☐ at night ☐ constantly
☐ with computer use ☐ at work ☐ when driving ☐ on the phone ☐ ☐ intermittently

Associated Symptoms:

☐ Pain ☐ Stiffness ☐ Swelling ☐ Mass ☐ Numbness / Tingling
☐ Wound ☐ Deformity ☐ Skin Lesion ☐ Weakness ☐ Other_____

What makes it worse?_____
_____

Does anything make it better?_____
_____

Have you had previous surgery for this problem?

☐ No
☐ Yes--details:_____

Treatment, other than surgery, you have had for this problem:

☐ None ☐ Rest ☐ Ice / Heat ☐ Therapy ☐ Splint / Cast
☐ Medications:_____

Previous studies you have had for this problem:

☐ None ☐ X-rays ☐ MRI ☐ Nerve Studies ☐ Other:_____