

NEW PATIENT FORM: Brandon Haghverdian, MD



Name: _____ **Age:** _____ **Today's Date:** _____

Did another health provider refer you here? No Yes → _____

What body part is painful? _____ Right Left Both

Where specifically is the pain? _____

When did symptoms start? ___ Days ___ Weeks ___ Months ___ Years **Was there an injury?** Yes No

If you had an injury, where did it occur? Home School Work Sport Other _____

If you had an injury, how did it happen? Fall Accident Other _____

How did pain start? Gradually Suddenly **Are your symptoms?** Constant Intermittent (come & go)

Pain description: Sharp Stabbing Shooting Throbbing Aching Burning Numbness
 Tingling Dull

What is your pain level TODAY? Mild (0-3) Moderate (4-6) Severe (7-10)

Pain Status: Improving Worsening Staying the same

What makes it better? _____ **Worse?** _____

When do you have these symptoms? Activity Rest Day Night Using stairs Standing Sitting
 Lying down Running Jumping Pivoting Sports

What have you tried?

- **Medicine:** No Yes → anti-inflammatories narcotics muscle relaxers other _____
- **Shoe changes:** No Yes
- **Rest/Activity changes:** No Yes
- **Physical therapy or home exercises:** No Yes
- **Orthotics/Inserts:** No Yes → Custom Over-the-counter
- **Soft braces:** No Yes **Hard braces/casts/splints/boots:** No Yes
- **Injections:** No Yes → most recent injection? _____

Have you had prior imaging (XR, CT scan, MRI, etc)? No Yes → where/what _____

What city do you live in? _____ **What is your profession/job?** _____

What physical activity do you do? Walking Running Sports Other _____

Do you have diabetes? No Yes - **What type?** Type 1 Type 2 **Last Hgb A1C?** _____%

Do you use nicotine/tobacco/vape? No Yes Quit prior in _____

Do you drink alcohol? No Yes: how much? _____

Do you have: lupus gout rheumatoid arthritis psoriatic arthritis

Have you ever had a blood clot or pulmonary embolus? No Yes

Are you taking blood thinners? No Yes

Have you ever had a serious, life-threatening reaction to anesthesia? No Yes