Forté SPORTS MEDICINE AND ORTHOPEDICS

Staff Only MRN: _____
RAJ TEWARI, MD
Phone: 463.895.4677 Fax: 317.817.1218

PATIENT INFORMATION INTAKE FORM

Patient: _____ **Today's Date:** _____

Date of Birth: _____ **Age:** _____

Reason for your visit: _____

1) **Does the pain radiate?** ☐ Yes ☐ No If yes, where? _____
2) **Date of pain onset:** _____
3) **Pain started:** ☐ Gradually ☐ Suddenly
4) **Duration:** ☐ Continuous ☐ Intermittent ☐ Changes in severity but always present
5) **Change over time:** ☐ Improved ☐ Worsened ☐ Stayed the same
6) **Cause:** ☐ Accident: Date _____ ☐ Work Injury: Date _____ ☐ Surgery _____ Other _____
7) **Improves with:** ☐ Sitting ☐ Walking ☐ Standing ☐ Heat ☐ Cold ☐ Exercise ☐ Stretching ☐ Medication
8) **Worsens with:** ☐ Sitting ☐ Walking ☐ Standing ☐ Heat ☐ Cold ☐ Exercise ☐ Stretching ☐ Other _____
9) **Affects:** ☐ Concentration ☐ Work ☐ Walking ☐ Daily activities ☐ Appetite ☐ Sleep ☐ Recreational Activity ☐ Other _____
10) **Are you experiencing any numbness or weakness in your arms or legs? If so please provide for how long, the location, and whether it is intermittent or continuous?** _____
11) **Are you experiencing any of the following symptoms in your arms or legs: swelling, stiffness, color changes, temperature changes, sweat changes, hair changes, or nail changes. If so, provide details.** _____

_____

TREATMENTS TRIED:

☐ Physical Therapy (when, how long, where) _____
☐ Chiropractor (when, how long, where) _____
☐ Acupuncture (when, how long, where) _____
☐ Injections (when, how long, where) _____
☐ Surgery (when, where) _____
☐ Home Exercise (how long) _____
☐ Other (when, how long, where) _____

MEDICATIONS TRIED:

Please check all that apply and write in others if not listed.

Anti-Inflammatories: ☐ Aspirin ☐ Ibuprofen ☐ Naprosyn ☐ Celebrex ☐ Relafen ☐ Indomethacin ☐ Ketorolac ☐ Meloxicam ☐ Diclofenac ☐ Prednisone ☐ Medrol dose pack ☐ Other: _____

Relaxants: ☐ Flexeril ☐ Valium ☐ Tizanidine ☐ Baclofen ☐ Other: _____

Antidepressants: ☐ Elavil ☐ Amitryptiline ☐ Effexor ☐ Paxil ☐ Pamelor ☐ Duloxetine (Cymbalta) ☐ Other: _____

Narcotics: ☐ Vicodin ☐ Norco ☐ Tylenol ☐ Percocet ☐ Ultram ☐ Methodone ☐ Tramadol ☐ Fentanyl ☐ Dilaudid ☐ Buprenorphine ☐ Other: _____

Other: ☐ Gabapentin (Neurontin) ☐ Pregablin (Lyrica) ☐ Suboxone ☐ Suzetrigine (Journavx) ☐ Lidocaine patches ☐ Diclofenac patches ☐ Capsaicin cream

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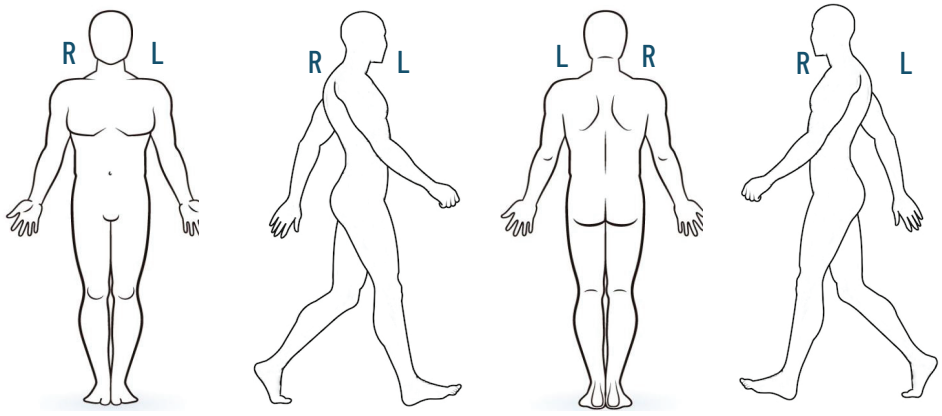
In office only

DESCRIBE YOUR PAIN:

	None	Mild	Moderate	Severe
Throbbing	☐	☐	☐	☐
Stabbing	☐	☐	☐	☐
Sharp	☐	☐	☐	☐
Shooting	☐	☐	☐	☐
Cramping	☐	☐	☐	☐
Aching	☐	☐	☐	☐
Heavy	☐	☐	☐	☐
Tender	☐	☐	☐	☐
Splitting	☐	☐	☐	☐

	None	Mild	Moderate	Severe
Tingling	☐	☐	☐	☐
Numbing	☐	☐	☐	☐
Burning	☐	☐	☐	☐
Tiring	☐	☐	☐	☐
Exhausting	☐	☐	☐	☐
Sickening	☐	☐	☐	☐
Fearful	☐	☐	☐	☐
Punishing	☐	☐	☐	☐
Cruel	☐	☐	☐	☐

On the diagram to the right, please shade the areas where you have pain.



Pain Scale: Rate Your Level of Pain
(0 = no pain 10 = unbearable)

At its best _____
At its worst _____
At this moment _____