



<b>What makes the pain worse?</b>  	<b>How do you describe the pain?</b>  <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Sharp <input type="checkbox"/> Throbbing
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<b>Occupation?</b>			
<b>What sports/activities do you participate in?</b>			
Sport	Level	Hours/Week	Weeks/Year

Check and explain if you have any of the following:

**NONE OF THE BELOW**

- Headache, dizziness, visual problems \_\_\_\_\_
- Ear, nose or throat problem \_\_\_\_\_
- Chest pain, irregular heartbeat, palpitations \_\_\_\_\_
- Lung problems, asthma, shortness of breath \_\_\_\_\_
- Difficulty or frequent urination \_\_\_\_\_
- Nausea, vomiting, diarrhea, heartburn \_\_\_\_\_
- Loss of sensation in your arms or legs \_\_\_\_\_
- Vascular disease \_\_\_\_\_
- Diabetes, thyroid or other endocrine problems \_\_\_\_\_
- Easy bruising \_\_\_\_\_
- Fevers, chills, night sweats \_\_\_\_\_
- Recent weight loss or gain \_\_\_\_\_

## Today's Visit at MarinHealth Orthopedic Care:

To ensure you get the most out of your appointment, please list below three main concerns you'd like addressed. (As an example: review imaging studies, discuss medication management, explore non-operative treatments, etc.)

1. \_\_\_\_\_  
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2. \_\_\_\_\_  
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3. \_\_\_\_\_  
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