

Interim Patient History
(industrial/consultation)

CONEJO ORTHOPAEDIC MEDICAL ASSOCIATES
2100 Lynn Road, Suite 115
Thousand Oaks, CA 91360

Name: _____ DOB: _____ Date: _____

What bothers you most now? (Please list body part) _____

What side is affected? Right Left Bilateral

In terms of your symptoms, what has changed since your last visit? _____

SINCE YOUR LAST VISIT:

Are you attending Physical Therapy? Yes No

 If yes, is it helpful? Yes No

Are you working? Yes No

 For the same employer? Yes No

 If no, who is your new employer? _____

Are you performing the same work duties? Yes No

 If no, what are your work duties? _____

Are you taking any **NEW** medications?

 Anti-inflammatory Medications Yes No

 Pain Medications Yes No

 Other _____

Have you had any diagnostic studies? Yes No

 If yes, which ones?

MRI CT Scan X-ray Bone Scan Nerve Studies

Have you had any blood tests? Yes No

 If so, which ones? _____

Is there anything else the doctor should know? _____

Do you have an attorney? Yes No

 If yes, please list name, address and phone number. _____

Patient Signature _____ Date _____