

MARTIN PLOTKIN, M.D., F.A.A.O.S.
DIPLOMATE AMERICAN BOARD OF ORTHOPAEDIC SURGERY
FELLOW, AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

Orthopaedic Extremity and Spinal History Evaluation

NAME: _____ **Birth Date:** _____

1. Please describe primary concern:

2. When approximately did the problem start?

- Is there a history of injury or did it occur spontaneously?

- How did it happen (weight bearing/specific activity/pop-crack, etc.)?

- If sports injury to lower extremity, what was playing surface like (wet/dry, etc.)?

3. Describe pain. Please specify location/times most aggravating/what type of pain?

4. When injury occurred, was there any swelling within the first several days? If so, how long after injury did it occur? _____

5. What activity causes increased pain, swelling, and/or local joint area heat? Please be as specific as possible. _____

6. Please circle any that apply: weakness sensation of giving way intolerance to holding position

7. Are there any current problems with any other same side joint areas or opposite extremity joint areas? If yes, please describe. _____

8. Would you be willing to allow the doctor to order conventional x-rays prior to your first appointment in order to facilitate your care? (This *usually* does not require the approval of insurance. Please check with our office for further observation/suggestion.) Yes ___ No ___

Current or Past History of Joint Problems

If you hold any of the following in your possession, please provide us with:

- any medical/surgical records that are relevant to presenting problem
- old x-rays (preferably on CD)
- office notes
- surgical operative reports

DATE	PROBLEM	TREATMENT (surgery or "rheumatology", acupuncture, chiropractic, other)

Thank you for your assistance and enabling us to serve you to the best of our ability!

With appreciation and looking forward to being of service,



Martin Plotkin, M.D., F.A.A.O.S