



CONCORD ORTHOPAEDICS
P R O F E S S I O N A L A S S O C I A T I O N

David J. Nagel, MD
Specializing in Comprehensive Musculoskeletal Care

Patient Name: _____ Acct #: _____

Who referred you to us? _____ DOB _____

Who is involved in your health care (please include all Doctors, Lawyers, Therapists, Counselors, etc): _____

What other health problems do you have (please include previous surgeries and hospitalizations): _____

What medications are you presently taking (please include dosages and frequency if you know them): _____

What medication allergies do you have (please include the nature of the allergic reaction, ie: rash, difficulty breathing, etc): _____

(OVER)

Mark these drawings according to where you hurt (if the back of your neck hurts, mark the drawing on the back of the neck, etc.) If you feel any of the following symptoms please indicate which sensations you feel by placing the marks shown below on the corresponding body location.

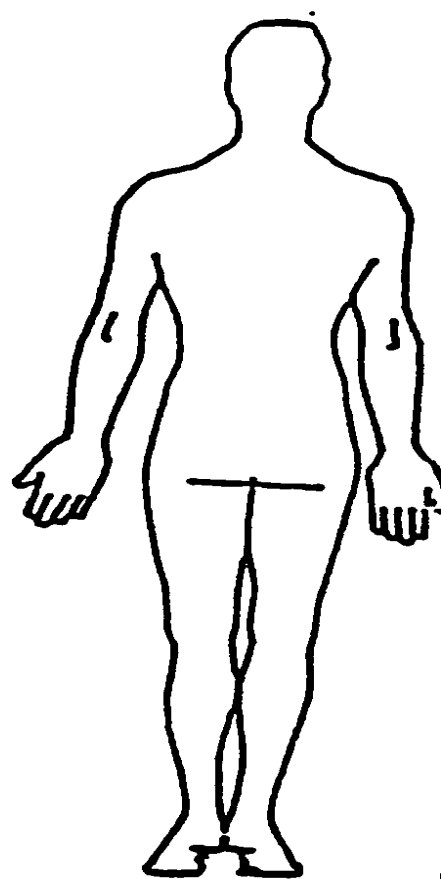
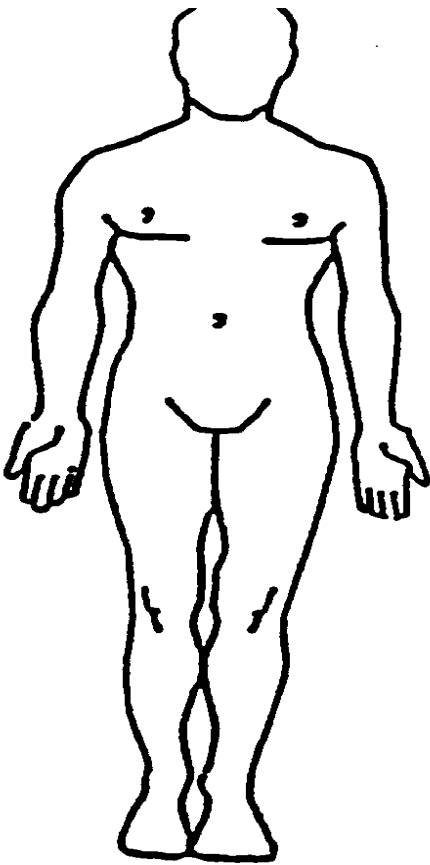
Aching: + + + + + + + + +

Burning: x x x x x x x x x

Numbness: ■ ■ ■ ■ ■ ■ ■ ■ ■

Pins and Needles o o o o o o o o o

Stabbing; / / / / / / / / / / /



On a scale of 0 (no pain) to 10 (worst pain imaginable) please rate your pain:

At it's worst: 0 1 2 3 4 5 6 7 8 9 10

At it's best: 0 1 2 3 4 5 6 7 8 9 10

Most of the time: 0 1 2 3 4 5 6 7 8 9 10

Today's Date: _____