

HISTORY OF PRESENT ILLNESS (HPI)

Dubuque Orthopaedic Surgeons, PC

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Today's Date: _____

Name: _____

Date of Birth: _____

Chief Complaint (in your own words): Why are you here today?

Did you have an injury? Yes No If yes, complete the injury section. If not, move to severity section.

INJURY Where were you when your injury first occurred?

Home School Work Auto Accident Sports Injury Gradually Occurred

Date injury occurred: _____ Date symptoms began: _____

What were you doing when the injury first occurred? _____

What caused the injury? _____

SEVERITY On a scale from 1 to 10, how severe is the problem/pain?

(1– Barely Feel It, 10 – Most Severe Pain Imaginable) _____

TIMING How would you describe the timing of your problem/pain?

Constant Comes and goes Only w/ movement Pain has resolved

MODIFYING FACTORS What helps the pain?

Rest Ice Heat Medication Nothing Other: _____

What medications are you taking for pain?

No Medications Vicodin or Tylenol 3 Percocet Tylenol

Ibuprofen (Advil/Motrin) Aleve/ Naprosyn Other: _____

AGGRAVATING FACTORS What seems to aggravate the pain?

Exercise Sitting Standing Walking Repetitive Motions

Overhead activities Coughing, Sneezing, Straining Rest Bending

Stair Climbing Nothing Other: _____

Do you use support? No Yes If yes, which do you use:

Cane 2 Canes Crutch 2 Crutches Walker Wheelchair Brace