History of Present Illness

Main Problem	
Is this Visit Due to a Work Injury? Y N	
Is this Visit Due to an Automobile Accident? Y	′ N
When did your Symptoms Start?	
Where did the Injury Happen?	
Have you ever had this Problem Before? Y	_ N If Yes, When?
How often is your Pain Present? Occasional_	IntermittentConstant
Rate your Pain on a Scale of 1-10	
What Makes the Pain Worse?	What Makes
Have you Been Treated Before for this Proble	em? Y N When?By Whom?
Have you had Physical Therapy? Y N	Where?
Have you had any Medications for these prob	lems? Y N If Yes, What?
Have you had any of the Following Tests?	Yes No
X-Rays	
CT scan	
MRI	
Myelogram	
If Yes, Did you bring the report?	
I hereby authorize, from this day forward, any insurance of Sports Medicine Clinic charges for services rendered. The third party payers. Regulations pertaining to Medicare are employee, or agents, to release to the social security admosther insurance carriers any information necessary for pro-	nefits and authorization To Release Information: (required if age 18 or older) company whom I subscribe with to pay directly to Muskogee Bone and Joint his also applies to Medicare, a health maintenance organization's and/or ay other hid other third party payers' assignment of benefits apply. I authorize MBJSM, its ninistration and health care financing administration/intermediaries, Medicare, or occessing insurance claims. I understand that I am responsible for all charges onsibility to notify the MBJSM of any changes pertaining to my insurance coverage
	Date
SIGNATURE OF PATIENT	
	Date

SIGNATURE OF PARENT, GUARDIAN OR REPRESENTATIVE IF PATIENT IS UNDER 18