

Bellevue Bone and Joint Physicians – Established Patient Form

Thomas Trumble, M.D. Please Complete while waiting:

Name _____ Date _____ Date of Birth _____ Age _____

Current/New Problem(s) in Your Own Words: _____

Date of Injury or When Symptoms Began): _____

Date Of Last Surgery: _____

Location of Pain/Symptoms: **Right** _____ **Left** _____ **Bilateral** _____

Quality of Pain (i.e. sharp, dull) and Severity of Pain (1-10): _____

Duration (i.e. constant, intermittent, worsening, improving): _____

What **improves** your symptoms? Rest Ice Heat NSAID

What makes your symptoms **worse**? Activity Cold Pressure

Family/Social History – Any Changes?

No

Yes _____

What is your occupation? _____

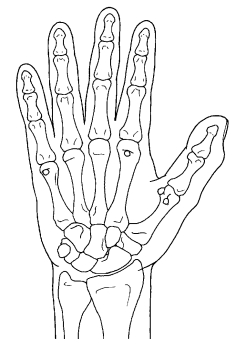
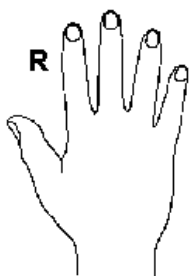
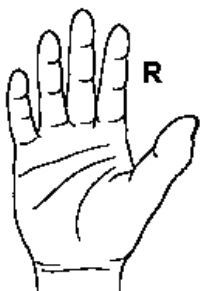
Are you back to work? _____

Mechanism of Injury? _____

• **Review of Systems / New Problems? (Please circle.)**

	No	Yes	Comments
New Musculo-Skeletal Problems (joint pain, muscle pain, arthritis, fractures, sprains)			
Skin – New Problems (masses, blisters, dermatitis, etc.)			
Neurologic New Problems (seizures, numbness/tingling)			
Allergies: (Circle all that apply)			
No known drug allergies.			
Penicillin (PCN)			
Iodine			
Latex			
Sulfa			
Other _____			
Medications: Any new medications?			

Physician to fill out this part: Physical Exam/Assessment/Plan



	• Right	• Left
Vascular		
Lymph		

Neurologic	• Right (NL < 5 mm)	• Left (NL < 5 mm)
Gross Sensation	NL or ABNL	NL or ABNL
2-Point Sensation		
Provocative Nerve Test	• Right	• Left
Tinel's		
Phalen's		
Cubital Tunnel Tinel's		
Other		

Wrist ROM	• Right	• Left
Flexion		
Extension		
Radial Deviation		
Ulna Deviation		
Strength	•	• NL or ABNL
Grip		
Pinch		

Finger ROM	MCP	PIP	DIP
H&P	Normal	ABNL	
HEENT	Clear		
Neck	w/o Mass		
Heart	Regular w/o M		
Lungs	Clear		
ABD	Benign		

Studies (EMG/NCV, X-Ray, MRI, CT):

Assessment Diagnosis: _____

Plan: _____

- Injection Lidocaine and Dexamethasone Lidocaine and Kenalog
- Discussed Risks and Benefits of Surgery _____
- Ordered Therapy _____
- Other _____

I was present for the _____ fracture management.

Signature of MD: _____