

# History of Present Illness/Injury

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Pharmacy Name and Location:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Date of injury / accident / onset of problem:** \_\_\_\_\_

Work related: Y N

MVA: Y N

**Area of Concern:**

right shoulder	left shoulder	right elbow	left elbow	right wrist	left wrist
right hand/fingers	left hand/fingers	right hip	left hip	right knee	left knee
right ankle	left ankle	right foot	left foot		

Other: \_\_\_\_\_

**Complaint/problem today:** \_\_\_\_\_

**Symptoms:**

Pain	Stiffness	Weakness	Unstable
Gives out	Difficulty walking	Instability	Loss of motion
Swollen	Other: _____		

**What, if anything, makes your symptoms worse?**

Getting up & down from sitting position	Standing (weight bearing)	Walking/Running
Climbing stairs	Exercise	Lifting arm above head
		Getting dressed for the day
Other: _____		

**What, if anything, makes your symptoms better?**

Rest	Exercise	Physical Therapy	Heat
Activity Modification	Pain medicine	Injections	Ice

**Treatments tried since symptoms began?**

**Physical Therapy** Length of treatment \_\_\_\_\_ Did it help? Y N

**Injections** Date \_\_\_\_\_ Kind of injection? Synvisc One or Three Euflexxa Cortisone Gel One

Other: \_\_\_\_\_ Did injection help? Y N

**Non-Steroidal anti-inflammatories or arthritis for at least 3 weeks?**

Arthrotec	Celebrex	Mobic	Feldene	Ibuprofen	Naproxen	Voltaren
Aleve	Advil	Toradol	Other NSAID: _____			