

Orthopedic Clinic of Galveston County

Patient Name _____

What is the purpose of today's visit? _____

How long have you had this problem? _____

How did it begin? (Example: fall, twisting injury, car accident, etc.) _____

If an injury, WHERE did the injury occur? _____

Is this a work related injury? Yes No Date of the injury? _____

If you are having pain, how would you rate the pain? (0 is no pain, 10 is the worst pain you've ever had)

1 2 3 4 5 6 7 8 9 10

What makes your pain better? _____ worse? _____

How would you describe your pain? (burning, aching, throbbing, etc.) _____

Have you had any physical therapy? _____ Injections? _____ Taken any medications? _____

Please list any medications you are currently taking:

Height: _____ Weight: _____

CMS requires that we ask the following questions in order to monitor health care processes and outcomes for different population groups, target quality initiatives more efficiently and effectively and provide patient-centered care. You have the option to decline answering any category.

<p>ETHNICITY</p> <p>Hispanic or Latino</p> <p>Non Hispanic or Latino</p> <p>Other or Undetermined</p> <p>Declined</p>	<p>RACE</p> <p>Which category best describes your race?</p> <p>Hispanic</p> <p>Asian</p> <p>Caucasian</p> <p>Black or African American</p> <p>Native American</p> <p>American Indian or Alaska Native</p> <p>Other</p> <p>Undetermined</p> <p>Chinese</p> <p>Filipino</p> <p>Japanese</p> <p>Native Hawaiian</p> <p>Multiracial</p> <p>Pacific Islander</p> <p>Declined</p>	<p>LANGUAGE</p> <p>English</p> <p>French</p> <p>German</p> <p>Vietnamese</p> <p>Italian</p> <p>Mandarin</p> <p>Spanish</p> <p>Declined</p>
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