

EMC Evaluation  
 Initial Ortho Con  
 Follow/Up  
 Final



## NEW PATIENT AUTO QUESTIONNAIRE

Today's Date: \_\_\_\_\_

Past Medical History:

Patient Name: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Gender: Male  Female  Dominant Hand: Right  Left  Driver  Passenger  Seatbelt: Yes  No

How did the accident happen?

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Did the airbags deploy? Y  N  Was the vehicle a total loss? Y  N

Did the patient go to the hospital? NO  If yes, where? \_\_\_\_\_

X-Rays: Y  N  MRI: Y  N  Medications: \_\_\_\_\_ Allergies: \_\_\_\_\_

Is the patient treating with a physical therapist: \_\_\_\_\_ or chiropractor: \_\_\_\_\_

Name of the doctor/facility: \_\_\_\_\_

Has the patient had any previous accidents: \_\_\_\_\_

What does the patient do for a living: \_\_\_\_\_

**INJURED BODY PART:**

<b>CERVICAL</b>	<b>THORACIC</b>	<b>LUMBAR</b>	<b>SHOULDER</b>	<b>ELBOW</b>
			L R BLT	L R BLT
<b>WRIST</b>	<b>KNEE</b>	<b>ANKLE</b>	<b>FOOT</b>	<b>HIP</b>
L R BLT	L R BLT	L R BLT	L R BLT	L R BLT

**FORT MYERS**  
 13701 CYPRESS TERRACE CIR  
 FORT MYERS, FL 33907  
 PH: (239) 277-1655  
 FX: (239) 277-1255

**CAPE CORAL**  
 506 SE 47<sup>TH</sup> TERR., SUITE B  
 CAPE CORAL, FL 33904  
 PH: (239) 236-5570  
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**BONITA SPRINGS**  
 27160 BAY LANDING DR.  
 BONITA SPRINGS, L 34135  
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**NAPLES**  
 12975 COLLIER BLVD., SUITE 1C  
 NAPLES, FL 34116  
 PH: (239) 352-2769  
 FX: (239) 455-3896



Patient Name: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Radiographic Findings:

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**TREATMENT PLAN:**

Referrals:

Podiatry	Physical Therapy	Pain Management	Spine Specialist	Hand Specialist
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Medications:

Celebrex	Compound Cream	Flexeril	Keflex	Medrol Dose Pak
Mobic	Percocet	Ultram	Vicodin	Zanaflex

DME: \_\_\_\_\_

CAST: \_\_\_\_\_ SPLINT: \_\_\_\_\_

OTHER: \_\_\_\_\_

XRAY: \_\_\_\_\_

MRI: \_\_\_\_\_

CT SCAN: \_\_\_\_\_

COMMENTS:

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**FOLLOW UP VISIT:**      1 WK 2WKS 3WKS 4WKS 6WKS 3MONTHS PRN

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