

OUCH SPORTS MEDICAL CENTER
New Injury Worksheet

Thank you for choosing the OUCH Sports Medical Center. Please fill out this form, as we would like to get as much information as possible about your injury. Thank you.

Name: _____ Date: _____

How did you hear about us? _____

What hurts? _____

When did it start? _____

What happened? _____

How often do you have pain? _____

How long does the pain last? _____

What makes it worse? _____

Have you injured this area before? Yes No If yes, when? _____

Have you had it evaluated before? Yes No
If yes, what did they tell you was wrong? _____

Circle your symptoms: Swelling Grinding Numbness Catching Fever
Tingling Locking Chills Weakness Redness Instability

Please circle treatments: Ibuprofen (Advil, Motrin) Tylenol Physical Therapy
Ice Heat Surgery Injection(s) Other: _____

Have any tests been done? X-Rays MRI Cat Scan (CT) Bone Scan

What would you like to have done today? _____