

Southern Maryland Orthopaedic & Sports Medicine Center
The Center for Advanced Orthopaedics
Peter S. Johnston, M.D.

Account # _____

Today's Date: _____

Name: _____

Date of Birth: _____

Chief Complaint:

Shoulder Elbow Knee Other: _____

Type of Pain:

Dull Sharp Throbbing Achy Stabbing Shooting Other _____

Does your pain awaken you from sleep? Yes No

Do you get pain with (Check all that applies)

Overhead Activities Throwing Lifting Carrying Reaching
 Squatting Weight Bearing Activities At Rest Climbing Stairs

Which of the following symptoms is the most bothersome? (please check one)

Pain Weakness Stiffness Instability

Do you get any of the following? (check all that apply):

Weakness Instability Swelling Clicking Numbness Night Pain
 Stiffness Loss of Range of Motion Catching Tingling Neck Pain

Other Symptoms: _____

What Treatments have you had for this problem? (Check all that applies):

X-rays MRI EMG Physical Therapy
 Medications Injections Surgery (Date and Type): _____

Reviewed: _____