



South Orange County Orthopaedics, Inc.

EXAM SHEET

DATE: ___/___/___

FITZPATRICK SOHN WILKENS EIDT

NP N.I. RE H&P PO MRI CT SX PRP HY SYN XIA

Date Of Birth ___/___/___ Age: ___ HT ___ WT ___ Date Of Injury: ___/___/___

Date Symptoms Started: ___/___/___ Date Of Surgery: ___/___/___

Workers Comp: YES/NO Presently Working: YES/NO Last Day Worked ___/___/___

ATTENDING PHYSICAL THERAPY? : YES/NO

WHERE? _____

NO PAIN	MILD	MODERATE	SEVERE	EXTREME	EXCRUCIATING
0	1-2	3-4	5-6	7-8	9-10

List Any Pain Meds Currently Taking: _____

Allergies: _____

**** FOR OFFICE USE ONLY ****

TEMP _____ P _____ R _____ BP _____ / _____

X-RAYS TAKEN TODAY: YES / NO

CHIEF COMPLAINT: _____

DR'S NOTES: _____

DICTATED: _____