ORANGE COUNTY
ORTHOPEDIC CLINIC

3420 Bristol Unit #750-B Costa Mesa, CA 92626	(800) 226-4831

Date: _____

Patient Full Name_____

Male ☐ **Female** ☐ **Date of Birth** _____ **Age** _____

What Part of the Body are you being seen for: _____

_____

Approximate date Symptoms Began or Date of Injury: _____

If Injury, how did it happen: _____

_____

_____

Which activities increase the pain: _____

_____

What treatment have you had other than medication: _____

_____

Medication given only for THIS problem: _____

_____

Previous Surgeries and dates: _____

_____

_____

Medication currently taking for any OTHER medical issues: _____

_____

Please list any medications you are Allergic to: _____

PATIENT / PARENT / GUARDIAN SIGNATURE _____