New Patient Form

*Thank you for choosing our Orthopedic department at **UCHealth Cherry Creek Medical Center**. We are happy to service you in any way we can. Below we have a form for you to fill out so that **Dr. Jamieson** and her team can get a better idea of your injury or pain. Please fill out this information to best of your ability, we are looking forward to meeting you soon.*

Name: _____ **Age:** ____ **Occupation:** _____

Injury History:

Foot/Toe: ☐ **L** ☐ **R** **Ankle:** ☐ **L** ☐ **R**

Is this a work related injury? ☐ **YES** ☐ **NO** **When did it start?** _____

Please describe in your own words how the injury occurred?

_____

How does the injury impact your daily life? _____

Rate your pain *today* (please circle):
Rest: 1 2 3 4 5 6 7 8 9 10 **At its worst: 1 2 3 4 5 6 7 8 9 10**

Is the pain: ☐ **Constant** ☐ **Occasional**

Have your symptoms been: ☐ **Worsening** ☐ **Stable** ☐ **Improving**

Have you injured this foot/ankle before, is so when? _____

Do you have pain when you first get out of bed for the first few steps in the morning? ☐ **YES** ☐ **NO**

Can you describe your symptoms (please circle all that apply): Locking/Catching "Giving Out" Popping Grinding Numbness Tingling Aching Swelling Weakness Sharp Shooting

What makes your symptoms worse (ex: running, jumping, lifting)_____

Have you see another provider or been treated for this injury before?

☐ **NO** ☐ **YES……. If YES name of provider and date seen** _____

Have you had any previous imaging? ☐ **X-ray** ☐ **CT** ☐ **MRI**

Have you had any previous treatment (please describe in detail where applicable**)?**

Physical Therapy_____

Injections_____

Bracing/Orthotics_____

Medications_____

Surgery_____

Do you have a history of any of these conditions (circle all that apply)**? Diabetes Neuropathy Osteoporosis**

Rheumatoid Arthritis Blood Clots Bleeding Disorders Lupus

Foot and Ankle
UNIVERSITY OF COLORADO

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