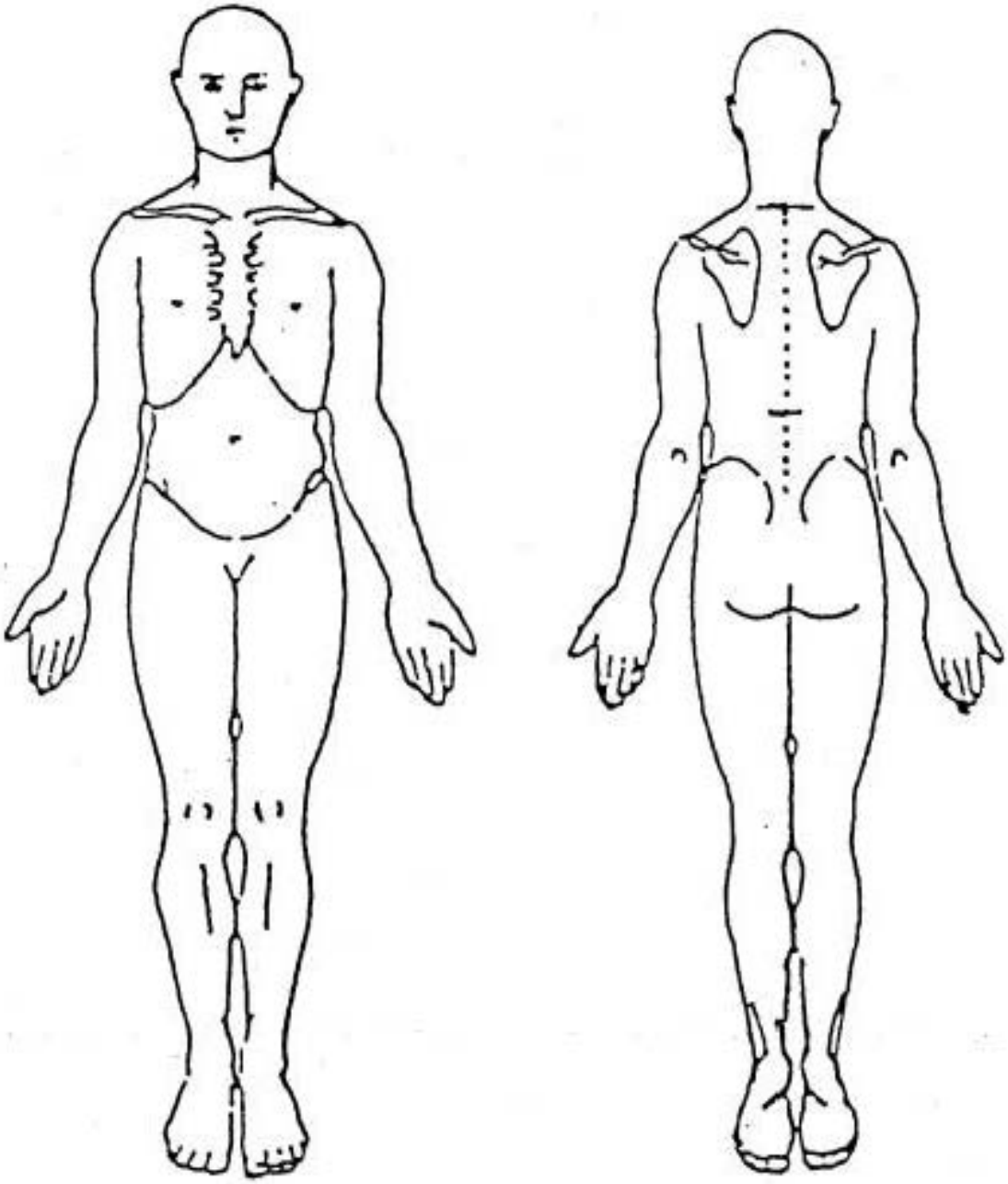
Patient Name *(Please Print)* _____ Date _____ Date of Birth _____

NEW PATIENT
Howard W Sharf MD
Glenn S Fuoco DO
Page 1

Using the symbols below, please draw in the location of your symptoms on the diagrams.

Pain
X X X X
Numbness
0 0 0 0
Aching
/ / / / / /
Pins and Needles
*** * * * * ***



MARK AN (X) ON THE LINE INDICATING THE USUAL **DEGREE OF THE PAIN**.
(0 means **NO PAIN**, 10 means the **WORST PAIN IN YOUR LIFE**, ex. Toothache, labor pain, kidney stone, etc.)

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10
LEAST WORST

If you have NECK PAIN, what percentage of your pain is: _____ % Neck _____ % Arm (Total = 100%)

If you have BACK PAIN, what percentage of your pain is: _____ % Back _____ % Leg (Total = 100%)

TAMPA BAY ORTHOPAEDIC SPECIALISTS

NEW PATIENT
Howard W Sharf MD
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Page 2

What are we seeing you for today? _____

_____

How long have you had this problem: _____ Date problem began: _____

Please check which of the following STUDIES have been performed.

☐ Yes	☐ No	X-Rays	☐ Yes	☐ No	Diskogram	☐ Yes	☐ No	Myelogram
☐ Yes	☐ No	Dexa Scan	☐ Yes	☐ No	CT Scan	☐ Yes	☐ No	Arthrogram
☐ Yes	☐ No	MRI	☐ Yes	☐ No	EMG/NCV/SSEP	☐ Yes	☐ No	Bone Scan
						☐ Yes	☐ No	Other- _____

Please list below the PREVIOUS DOCTORS (MD, DO, Chiropractor) you have seen for your main problem.

PHYSICIAN	SPECIALTY	DATES	TREATMENT

Please list below any condition(s) which you see a doctor for:

_____

_____

Please list any surgery(ies) you have had:

_____

_____

Please list any drug allergies you have:

_____

_____

Please list any drugs you take regularly:

_____

_____

_____

Do you use tobacco? ☐ Yes ☐ No If yes, quantity per day _____

Do you use alcohol? ☐ Yes ☐ No If yes, quantity per day _____

Have you ever been treated for drug or alcohol abuse? ☐ Yes ☐ No

How long can you stand with no or minimal pain? _____ minutes

Walking distance with no or minimal pain

☐ 0-50 feet ☐ 50-200 feet ☐ 200-500 feet ☐ 1/4 mile ☐ 1/4 mile +

Do you need support to help you walk? ☐ Yes ☐ No Please mark which support you use.

☐ Cane ☐ Walker

☐ Crutches ☐ Wheelchair

Do you wear any type of brace? ☐ Yes ☐ No