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Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Problem/Injury: \_\_\_\_\_  Right  Left  Both

Date of injury: \_\_\_\_\_ Current Pain Level:  Mild  Moderate  Severe

Have you previously been seen for this injury?  Yes  No If yes, Where? \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

How did you hear about us?

Internet Search  Referred by: \_\_\_\_\_

Advertisement  Other source: \_\_\_\_\_

Describe how the injury occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous surgeries:

\_\_\_\_\_  
\_\_\_\_\_

Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies to medications:

\_\_\_\_\_

Primary care physician: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_