

**United Bone & Joint Institute
Intake Form**

Name: _____ **Today's Date:** _____

- ◆ Problem we are seeing you for today? (ex: left knee pain, broken right wrist) _____

- ◆ When did the problem start? (Give date, if possible) _____
- ◆ Was this due to an injury or accident? Yes _____ No _____ (If **No**, skip to '**No Injury**' section)

Injury/Accident – Please give detailed answers.

- ◆ Did the injury occur while you were working? Yes _____ No _____
 - ▶ If **Yes**, is this a Workers Comp case? Yes _____ No _____
 - ▶ What do you do for work? _____
- ◆ How did the injury occur? (ex: slipped on ice, tackled in football, passenger in car that was rear-ended) _____

- ◆ Where were you when the injury occurred? (ex: bathroom at home, swing at the playground, stairs at work) _____
- ◆ What were you doing at the time of the injury? (ex: shoveling, walking to car, trimming trees) _____

- ◆ Please describe in detail how the injury or accident happened.

No Injury/Accident

- ◆ Please describe in detail what the problem is and how you believe it began.

For office use only.

Name:
DOB:
MRN: