Stony Brook Medicine
University Physicians
Stony Brook Orthopaedic Associates

Adult Patient Questionnaire: **Teresa Habacker, MD**

Visit Date: _____

NAME: _____ _____ MRN#_____
Last First for office use only

PHONE (HOME) _____ (WORK) _____ (CELL) _____
DOB: _____ Are you: Right handed □ Left Handed □
Who referred you to our office? Please circle one: MD NP PA PT ATC Coach
Name: _____
Address:_____
Would you like a copy of today's note sent to the referral source? Yes□ No□
Do you have a Family Doctor (PCP)? Yes□ No□ If yes, please note:
Doctor's Name: _____
Doctor's Address:_____
_____
Are you: Married□ Single□ Divorced□ Widowed□ Other_____
Are you currently employed? Yes□ No□ Occupation: _____

Are you retired? Yes□ No□ Are you disabled? Yes□ No□
Is the current problem a **workplace injury**? Yes□ No□ If yes, date injury occurred _____
If yes, Worker's Compensation Information:
Date of Injury: _____Carrier Case#:_____
Is the current problem the result of a **motor vehicle accident**? Yes□ No□
If you have been unable to work, please give the first date of disability: _____
Is there a lawsuit pending? Yes□ No□
Are you a student? Yes□ No□ If yes, what school _____what grade_____
Do you play sports? Yes□ No□ If yes, what sport(s)/position(s)_____
Chief Complaint: _____
_____

Do you have any pain at rest? Yes□ No□
Pain Intensity Scale: 0□ 1□ 2□ 3□ 4□ 5□ 6□ 7□ 8□ 9□ 10□
Do you have any pain with activity? Yes□ No□
Pain Intensity Scale: 0□ 1□ 2□ 3□ 4□ 5□ 6□ 7□ 8□ 9□ 10□
When did the problem start? _____
How did the problem start? _____
_____
Are your symptoms currently: Getting better □Getting worse □ Staying the same□
Describe your treatment so far: _____

Have you tried any of the following? ☐ Bracing ☐ Therapy How Long? _____

Injections: ☐ Steroid (Last): _____ How Many? ___ ☐Anti-Inflammatory Medications (past & present – which? Aleve, Advil, Ibuprofen, Celebrex, Mobic, Naprosyn, etc.)

_____

Have you had surgery on this body part? (Scope or Other/When _____

Have you had any other treatment not listed? _____

Have you seen other providers for this condition? (Who/When) _____