

MEDICAL INFORMATION FOR YOUR ORTHOPAEDIC SURGEON

Doctors	Name	Phone	Condition(s) treating
	Name	Phone	Condition(s) treating
	Name	Phone	Condition(s) treating
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Medications	Name of med:	Condition prescribed for:		Dose:	Taken:
	Name of med:	Condition prescribed for:		Dose:	Taken:
	Name of med:	Condition prescribed for:		Dose:	Taken:
	Name of med:	Condition prescribed for:		Dose:	Taken:
Pain Levels 0-10 (zero is no pain and 10 is worst pain imaginable)	Recent changes:	How long pain has lasted?	Specific description ( <i>aching, burning, stinging, throbbing</i> )	Motions/activities that trigger or worsen pain:	Time of day pain is worse:
Allergies					