

ORC | Orthopaedic and Rehabilitation Centers

www.orcchicago.com

ORC North Location:
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ORC Wicker Park Location:
St. Elizabeth Professional Building Suite 510
1431 N. Western Avenue | Chicago, IL 60622
Tel (773) 633-5866 | Fax (312) 633-5867

Date: _____

Patient: _____ **Age:** _____ **Gender:** _____ **Date of Birth:** _____ **Medical Record:** _____

Social Security#: _____

Primary Care Physician Name and Phone Number: _____

Did anyone refer you to us? No Yes Someone else Please list: _____

What is the reason you are here today:

What is the problem or injury? _____

When did the problem start? _____

How severe is the pain? (1-10 scale) _____

Is this a work-related injury? Yes No

Is this a motor vehicle accident injury? Yes No

Did you have any imaging or studies? Yes No

Did you bring it? Yes No

Medical History:

Height: _____

Weight: _____

	Hepatitis: A B C		Thyroid Disease
	Heart Disease		Cancer
	High Cholesterol		Kidney Disease
	Ulcers/ GERD		Arthritis
	DVT (Blood Clots)		Asthma
	Lung Disease		Anemia
	Lupus		Gout
	COPD		Diabetes

Other: _____

Medical problems that run in your family:

	Diabetes
	Heart Disease
	High Blood Pressure
	Arthritis
	Epilepsy
	Blood Clots

How are you feeling today?:

YES	NO		YES	NO	
		Weight Gain			Palpitations
		Chest Pain			Paralysis
		Joint Pain			Lumps
		Urinary Infection			Cough
		Weight Loss			Dizziness
		Shortness of Breath			Abdominal Pain
		Weakness			Painful Urination
		Rashes			Bloody Stool
		Headaches			Bloody Urine

Please List all medications, including vitamins that you are taking:

Name the Drug	Strength	Frequency Taken

In Case of Emergency

Name of relative or friend: _____ Relationship: _____

Phone Number: _____ Work Phone: _____

Please indicated if we may leave a message with the above emergency contact if necessary?

Yes [] No []

Patient/ Guardian Signature

Date