

HMC HAND/FOOT AND ANKLE INSTITUTE QUESTIONNAIRE

HISTORY OF PRESENT ILLNESS

1. What are we seeing you for today? _____
 2. What is the goal of your visit? _____
 3. Where is the problem located? _____
 4. When and how did this injury begin? _____
 5. What treatments have you had for this condition? Physical Therapy Bracing/Orthotics
 Injections Surgery (*where and surgeon name*): _____
 6. Any swelling, change in size, shape, numbness, catching or weakness? _____
-
7. What studies have you had for this problem? X-rays CT MRI
 Nerve Study (EMG) Arthrogram Bone Scan

PAST SURGICAL HISTORY (list all) _____

PAIN

8. Do you have pain that has been present for 3 months or longer? No yes
9. Do you use a pain pump or stimulator? No Yes
10. Rate your pain on average in the last week on a scale of 0(no pain) – 10 (worst possible pain)_____
11. Circle the number that describes how, during the past week, pain has interfered with your
 - a. General activity (0 not at all) 1 2 3 4 5 6 7 8 9 10 (extremely)
 - b. Enjoyment of life (0 not at all) 1 2 3 4 5 6 7 8 9 10 (extremely)
12. Where is the pain on your body? _____
13. Describe your pain (Sharp, dull, etc.): _____
14. What makes your pain or problem better? _____
15. What makes your pain or problem worse? _____

PT.NO _____

NAME _____

DOB _____

Place EPIC Label Within Box

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington

HMC HAND/FOOT AND ANKLE INSTITUTE QUESTIONNAIRE
Page 1 of 2



H2807

WHITE - MEDICAL RECORD

HMC2807 REV JAN 18

16. What makes your pain or problem change? Is it associated with anything else? _____

17. What provider is managing your pain? _____

ACTIVITY HISTORY

18. Are you currently working: No Yes, Occupation: _____

19. Is this a work related injury? No Yes, LWCP: _____

20. If disabled, what is the date that you last worked? _____

SIGNATURE	PRINT NAME	PAGER	NPI	DATE	TIME
-----------	------------	-------	-----	------	------

PT.NO

NAME

DOB

Place EPIC Label Within Box

UW Medicine

Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington

HMC HAND/FOOT AND ANKLE INSTITUTE QUESTIONNAIRE

Page 2 of 2



H2807

WHITE - MEDICAL RECORD