

New patient intake form for George Kartalian, Jr., MD

Patient Name: _____ Date: _____

Reason for seeing the doctor:

- **Pain**
- **Difficulty with walking / exercise / other** _____
- **Second opinion regarding surgery**
- **Symptoms because of Injury? Yes ___ No ___**
- **If yes, sports ___ work ___ Other** _____

PAIN: Location (specify point of most severe pain) _____

When did the symptoms begin? _____

Have you ever had similar symptoms or injury? _____

What treatment(s) have you tried? _____

What treatments have worked? _____

What makes your symptoms worse? _____

What makes your symptoms better? _____

Do you have pain in your back or anywhere else? _____

Is your pain worse in the morning or particular time of day? _____

Do you have any numbness or weakness? _____

Difficulty with walking / exercise / other _____:

If you got hurt playing sports, could you keep playing after the injury?

Do you participate in competitive or recreational sports?

How long and how regular has your sports participation been?

Have you had physical therapy?

If **second opinion**, which doctor have you seen? _____

Have you already had surgery? _____

If yes, when / where / what was done? _____

What treatment has been recommended? _____

Would you consider surgery, or do you only want non-operative care?

(gknpptform)