Centura Health Physician Group

Centura Health.

Sports Injury Form
PG-1822 rev. 05/16

Name: ______________________ Date: ____________

Occupation: ______________________ Height: ________ Weight: ________ Age: ______

1. Reason for visit: ______________________
2. How long have you had the problem? ______________________
3. Was the onset **gradual** or **sudden** (please circle)? **GRADUAL or SUDDEN**
4. Did you have an **injury**? **YES or NO** Date of injury: ____________

   What happened? ______________________
5. If you have pain, where is it located? ______________________
6. Describe the pain (please circle): sharp dull electric burning throbbing
7. Do you have any of the following symptoms? (please circle)

   Clicking popping locking swelling giving way weakness

   numbness/tingling dislocation stiffness looseness of joint
8. How bad is the pain on a scale of 0 - 10 (0 = no pain, 10 = worst pain possible)? ____________
9. Do you have pain at night? **YES or NO**
10. What makes your problem **worse**? ______________________
11. What makes your problem **better**? ______________________
12. What does your problem limit you from doing? ______________________
13. Is your problem? Getting **better** getting **worse** staying the **same**
14. Have you had physical therapy? **YES or NO** Did it help? **YES or NO**
15. Have you had injections? **YES or NO** Did it help? **YES or NO**
16. Were you given medication(s)? **YES or NO** What medication(s)? ____________
17. Did the medication(s) help? **YES or NO**

______________________ ____________

SIGNATURE DATE