

Orthopaedic History

| HAVE YOU EVER HAD or DO YOU NOW HAVE...? | | |
|--|----|-------------------------------------|
| Yes | No | COMMENT (Give Dates) |
| | | Injured neck? |
| | | Injured shoulder? |
| | | Injured upper arm? |
| | | Injured elbow? |
| | | Injured forearm? |
| | | Injured wrist? |
| | | Injured hand or finger? |
| | | Injured abdominal muscles? |
| | | Injured chest or ribs? |
| | | Injured back? |
| | | Injured hip? |
| | | Injured groin? |
| | | Injured thigh? |
| | | Injured hamstring? |
| | | Injured knee? |
| | | Injured lower leg? |
| | | Injured ankle? |
| | | Injured foot or toe? |
| | | Orthopaedic surgery? |
| | | A pin, plate or screw in your body? |
| | | Advised to have surgery but didn't? |

Additional Comments: _____
