

**MIMA ORTHOPAEDICS & SPORTS MEDICINE QUESTIONNAIRE
ESTABLISHED PATIENT WITH A NEW PROBLEM**

Patient Name: _____ Today's Date: _____ MIMA# _____

Age: _____ Gender: Male / Female Hand Dominance: Right / Left

How were you referred to **MIMA Sports Medicine**: _____

Is this appointment related to: workers compensation motor vehicle accident
personal injury with legal representation

Will you be using Health Insurance today? Yes / No Name of Carrier: _____

History of Present Illness

Which joint or extremity is primarily bothersome? _____ Right / Left / Bilateral

What is the primary complaint for which you were referred?

When did you first experience this problem? _____

What seemed to cause the problem? (i.e., gradual onset, overuse, injury) _____

What have you done to treat this problem? (i.e., physical therapy, rest, medication)

Patient (or parent/guardian) signature: _____ Date: _____

Physician signature: _____ Date: _____