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Medical Questionnaire

1.Date of Examination	2.Place of Examination
3.Name	4.Address and phone number
5.Age and Date of birth	6.Which hand do you use to write with?
HISTORY OF PRESENT ILLNESS- CHECK FRONT SHEET AND COVER LETTER FOR SPECIFIC Q!	
7.What body part was injured? <u>Circle-</u> Right or Left. If both side- which is worse?	8.What was the date of this event?
9.Describe the event(s) that took place that caused this injury? Use the back of this sheet for more room.	
10.What was the address, place and name of business where this event occurred?	
11.What was your job title and description when this injury occurred? What were the routine tasks of the job? <u>How many pounds lifting</u> and how often? Did you do bending, climbing, reaching? Were you engaged in the routine tasks of your job when this injury occurred? How long had you worked at this job, from when to when?	
12.Describe when and what kind of treatment that you received immediately after the accident? Give dates and <u>practitioner's names.</u> Please include <u>any tests and results.</u>	

PAST MEDICAL HISTORY	
13. Have you had prior injuries to this body part or area of your body? <u>Please describe, include prior surgeries and dates and treatment.</u> Use other side if necessary. <u>LIST ALL OTHER MEDICAL CONDITIONS.</u>	14. If you answered yes to #13, <u>had your problem resolved completely before the injury in question occurred?</u> If not, describe your condition prior to the injury in question.
15. Describe your prior jobs for the last 5 years.	16. Had you had any worker injuries at these jobs? Describe briefly unless the same body part, see below.
17. Current Medications: (FOR ALL CONDITIONS) Use other side if necessary.	18. Allergies to medication:
19. Do you use alcohol, smoke, or use recreational drugs.	20. List your family history that is related to injury/illness in question.
CURRENT COMPLAINTS/ STATUS	
18. What are your current complaints? Do you have pain? If yes, describe what it feels like, and where exactly it is.	19. Do you have pain at rest? In a seated position, standing position or while walking?
20. What activities makes the pain worse?	21. What makes the pain better?
CURRENT ACTIVITIES	
22. What is the heaviest thing that you lifted last week?	23. Do you drive? Did you drive today?
24. Do you have children at home? What ages? Marriage status? Do you receive disability compensation?	25. List hobbies and daily activities.
26. List your present treatment program? Include name /type of practitioners; how often per month? Physical therapy? Accupuncture? Chiropractor?	
27. What is your current job status? <u>Circle a, b, c or d:</u> a. working normal duty, b. modified duty, c. out of work because no modified duty exists or d. totally disabled? Please list dates that you were not working up until present.	
28. Are you receiving vocational rehabilitation? Please describe.	