25751 McBean Parkway
Suite 215
Valencia, CA 91355
Phone (661) 253-3399
Fax (661) 253-3999

PATIENT HISTORY

Tarek Bittar, M.D.
Orthopedic Surgery & Sports Medicine

19950 Rinaldi St.
Suite 101D
Porter Ranch, Ca. 91326
Phone (818) 256-1948
Fax (661) 253-3999

NAME:								DATE:		
Referred By: (check box)	☐ Self	☐ Family	☐ Friend	☐ Doctor	☐ Attorney	☐ Other Health Professional				
Name of Person / Physician making referral:										
Primary Care Physician / Family Doctor:										
Please describe the reason for your visit:	Body Part:					☐ Right	☐ Left	☐ Both		
Acute injury (new) ☐ YES ☐ NO	Chronic Symptoms (old) ☐ YES ☐ NO									
How did your symptoms begin: If sudden, describe onset:										
On a scale of 1 - 10 (10 being most severe) circle # that best describes your pain:	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Approximate date symptoms began OR date of injury:										
Resulting from: (check which applies)	☐ Sports	☐ Accident	☐ Work Related	☐ Involving Litigation						
Are symptoms:	☐ constant	☐ intermittent	☐ worsening	☐ improving						
Check all that apply:	☐ pain	☐ stiffness	☐ swelling	☐ instability	☐ weakness	☐ numbness / tingling				
What makes symptoms worse?										
What makes symptoms better?										
What previous or formal treatment have you had? (medications, therapy, surgery, injections, etc.)										
Were previous treatments helpful to any degree? If so, what?										

PAST SURGICAL HISTORY AND / OR HOSPITALIZATION

Previous: Type of Operations or reason for Hospitalization:		
1.		Year:
2.		Year:
3.		Year:

Any previous fractures? (please explain): ☐ YES ☐ NO

Any other serious injuries? (please explain) : ☐ YES ☐ NO

MEDICAL INFORMATION

Drug Allergies: Do you have any drug allergies? ☐ YES ☐ NO

If YES, name the drug and the type of reaction. (example: rash, nausea, etc.) PLEASE BE SPECIFIC

CURRENT MEDICATIONS: List any medications you are taking at this time. Includes such items as aspirin, vitamins, laxatives, calcium, etc.

NAME OF DRUG	DOSAGE (include strength & number of pills per day)	How long have you taken this medication?	Please check: Helped?		
			A lot	Some	Not At All