

Welcome to American Health Network, Part of Optum Orthopedics

Dear New Patient,

We would like to take this opportunity to welcome you to our practice and thank you for entrusting us with your medical care. We want to share with you some information about our standard procedures that we hope will be helpful to you throughout your care.

1) Arrival Time

If you have recent imaging (X-rays, MRI, CT etc.) please arrive 15 minutes prior to your appointment. Please bring a disc with your images on it to your appointment. If you have not had recent imaging, please arrive 20 minutes prior to your appointment to allow time for X-rays to be performed. You will be asked to show your picture ID upon arrival for your appointment. Anyone under the age of 18 must have a parent/guardian present.

2) Insurance Card

Please be prepared to present your insurance card and pay any co-pay at the time of your visit. If you do not have insurance, we require a minimum of \$100 at the time of service for each office visit.

3) Cancellations:

If you are unable to make your appointment time please contact our office at least 24 hours in advance. Surgery cancellations should be made at least 10 days in advance.

Thank you again for choosing us for your orthopedic care, where our goal is to provide state of the art care along with excellent customer service. We look forward to treating you.

Sincerely,

Dr. Travis Clegg and Team

Date: _____

Name: _____ Family Physician: _____

Address: _____

Phone #: _____ DOB: _____ SS #: _____

Email: _____ Height: _____ Weight: _____

How did you hear about us? _____

Reason for visit: _____

Have you tried the following? Rest Ice/Heat Brace Injection medication

Physical Therapy: Yes No If yes, how long? _____ Location? _____

Have you ever had surgery for this problem? Yes No If yes, surgery list date(s) /procedures:

If Injury, due to: Sport/Exercise MVA Work Related Other: _____

Pain Scale (circle one): 0 (none) 1 2 3 4 5 6 7 8 9 10 (severe)

Your pain is: Constant Intermittent Radiating **Nighttime pain?** Yes No

Since your problem started, is it: Getting Better Getting Worse Unchanged

What best describes your pain? Aching Burning Dull Sharp Throbbing Stabbing

What makes symptoms worse? Bending Climbing/Going Down Stairs Lifting Pushing Reaching
 Gripping Twisting Sitting Standing Running

If you are having knee pain, do you have the following: Instability Locking Catching Popping Swelling

PLEASE LIST ALL MEDICATIONS OR BRING A LIST WITH YOU:

Review of Systems:

- Abdominal Pain
- Bladder Infection
- Current Illness
- Deformities
- Fatigue
- Fever
- Insomnia
- Loss of Appetite
- Nausea
- Numbness
- Pneumonia
- Shortness of Breath
- Sleep Apnea
- Swelling
- Vomiting
- Wheezing

Past Medical History:

- AIDS
- Anemia
- Asthma
- Bleeding Disorders
- Bloods Clots/ DVT
- Cancer (specify)

- Diabetes
 - Emphysema
 - Fibromyalgia
 - GERD/ Reflux
 - HIV
 - Gout
 - Heart Attack
- When: _____

- Heart Disease
- Hepatitis
- Kidney Disease
- Osteoarthritis
- Respiratory Issues
- Rheumatoid Arthritis
- Seizure Disorders
- Strokes/TIAs
- Thyroid Disorder
- MRSA
- Depression
- Anxiety
- Other: _____

Past Surgical History:

- NONE
- _____
- _____
- _____
- _____

Allergies:

- NONE
- _____
- _____
- _____
- _____

Family History:

- NONE
- _____
- _____
- _____
- _____

Social History:

- Employed
- Retired
- Disabled
- Unemployed

Marital Status:

- Single
- Married
- Divorced
- Widowed

Alcohol:

- YES
- NO

Tobacco:

- YES
 - NO
 - Quit
- When: _____
- Cigarettes
 - How many? _____
 - Other:

I have received a copy of the American Health Network Park of Optum Orthopedics Welcome Letter and agree to pay charges as indicated.

Patient Signature: _____ **Date:** _____