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ESTABLISHED 1947

INTERVENTIONAL PAIN MANAGEMENT

KEVIN T. TOLIVER, M.D.

DATE: _____

Dr. Christopher Behr

Type of Report: AOE/2nd opinion/Consult/QME

Interpreter _____ Company _____

Job Description

Name: _____ Age: _____ Right/Left Handed

Employer at the time of injury: _____

Job Title: _____

Number of hours per day? _____ How many days per week? _____

Basic work duties at the time of injury: _____

Estimate the amount of weight you lifted during the day: _____

Did you work somewhere else at the same time you worked for this employer? _____

If yes, what were your duties? _____

List places of employment for the last 10 years:

1) Employer _____ Position _____ How long? _____

2) Employer _____ Position _____ How long? _____

3) Employer _____ Position _____ How long? _____

History of Injury

Specific date of injury: _____

If there is no specific date of injury, when did you first begin to have problems? _____

Tell in your own words what happened: _____

Did you continue to work? _____

When did you report this injury? _____ To whom? _____

When did you **first** receive treatment? _____

Where did you receive treatment? _____

Did you have _____ X-rays? Medication _____ Injections _____ Therapy _____

List all physicians seen:

1) Dr. _____ Date seen: _____

Treatment given: _____ X-rays _____ Medication _____ MRI _____ Injections
_____ Splints _____ Physical therapy _____ times per week for _____ weeks

Did any treatment help? If yes, what helped? _____

What were you told was the problem? _____

2) Dr. _____ Date seen: _____

Treatment given: _____ X-rays _____ Medication _____ MRI _____ Injections
_____ Splints _____ Physical therapy _____ times per week for _____ weeks

Did any treatment help? If yes, what helped? _____

What were you told was the problem? _____

Did you return to work? If yes, when? _____

Are you working for the same employer? _____ If no, who is your present employer?

What are your new duties? _____

If you did not return to work when you were released, why? _____

List all dates you did **not** work.

From _____ to _____

List all dates you performed **light** duty.

From _____ to _____

When did you return to regular duty? _____

Since this injury, have you had any other injuries? _____

If yes, what body parts were injured? _____ Date of injury: _____

Was this work related? _____ If yes, describe all treatment and where you received the treatment: _____

Present Complaints

Are you presently having pain? If yes, list all areas where you are having pain.

1) _____ 3) _____

2) _____ 4) _____

Is the pain present all the time? _____

What activities cause pain? _____

What relieves your pain? _____

Does your pain radiate or travel? _____

Do you have numbness? _____; tingling? _____

Do you have swelling? _____; stiffness? _____

If you have a back problem, do you have loss of bowel or bladder control since the injury?: _____

On a scale of 1-10, with 10 being the worst, what is your pain now? _____

Past Medical History

Have you had **any** previous work related injuries? _____ If yes, describe in detail: _____

Have you had any injuries to the body parts involved in this claim in the past? _____
If yes, were these work related? _____

When did this occur? _____ If work related, did you receive a disability rating?
_____ If yes, what was the rating? _____

Medical History

Circle any and all conditions listed below that you have received treatment for in the past.

Diabetes Heart Murmur High Blood Pressure Asthma
Ulcers Lung Problems Kidney Problems Tumors/Cancer
Arthritis

List previous surgeries and dates: _____

List present medications: _____

List any allergies to medications: _____

Family History (If significant to the present injury)

Social History

Education completed through: _____

Hobbies: _____

Since the injury, what hobbies have you not been able to do? _____

Do you smoke _____ How much per day? _____ How long? _____

Do you drink? _____ How much per day? _____ How long? _____

For Women Only

Do you think you might currently be pregnant? __If yes, when is your estimated date of delivery?__

Thank you for completing this form.