

**Roy M. Rubin, MD**  
**General & Pediatric Orthopedic Surgeon**  
**Patient Questionnaire**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M / F

Describe the Problem: \_\_\_\_\_  
\_\_\_\_\_

Primary Care Physician/Phone #: \_\_\_\_\_

Referring Provider/Phone #: \_\_\_\_\_

HOW DID YOU HEAR OF DR. RUBIN (patient, physician, newspaper, website, phone book) \_\_\_\_\_

Left or Right handed? \_\_\_\_\_ Date this problem FIRST arose: \_\_\_\_\_

Did you have an injury? Please describe: \_\_\_\_\_

Have you seen a doctor for this problem? \_\_\_\_\_ Who? \_\_\_\_\_

Are you getting? (Please Circle)                      Better                      Worse                      No Change

Have you had any X-rays or other imaging studies? \_\_\_\_\_ If so, when: \_\_\_\_\_

Where? \_\_\_\_\_

**Treatments/Tests that you have tried (Please check the appropriate one):**

Physical Therapy: \_\_\_\_\_ How many visits: \_\_\_\_\_ Braces: \_\_\_\_\_ Surgery: \_\_\_\_\_ Injections: \_\_\_\_\_

Chiropractor: \_\_\_\_\_ Acupuncture: \_\_\_\_\_ Massage: \_\_\_\_\_ Did these treatments help? \_\_\_\_\_

Please list any MEDICAL PROBLEMS: \_\_\_\_\_  
\_\_\_\_\_

Please list PREVIOUS SURGERIES: \_\_\_\_\_  
\_\_\_\_\_

Please list all ALLERGIES: \_\_\_\_\_

Any Significant FAMILY HISTORY: \_\_\_\_\_

How many Siblings? \_\_\_\_\_ Ages: \_\_\_\_\_

Are you disabled? \_\_\_\_\_ Do you smoke?: \_\_\_\_\_ How much a day?: \_\_\_\_\_ Do you have chest pains? \_\_\_\_\_

Do you drink Alcohol?: \_\_\_\_\_ How much a day?: \_\_\_\_\_ Do you have shortness of breath?: \_\_\_\_\_ Are these new?: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Height/Weight Percentiles: \_\_\_\_\_

**Birth History (Fill this portion only if patient is a minor)**

Full Term? \_\_\_\_\_ If premature, how many weeks?: \_\_\_\_\_ Problems at birth?: \_\_\_\_\_

Age started walking: \_\_\_\_\_ How is your child doing in school? \_\_\_\_\_ Regular School: \_\_\_\_\_ or Special Ed: \_\_\_\_\_

Immunization up to date? \_\_\_\_\_

\_\_\_\_\_  
**Patient/Parent/Guarantor Signature**

\_\_\_\_\_  
**Date**