Possible Fracture Questionnaire

Name_____

Occupation: _____

Are you right handed or left handed? Left Right Both

Which bone/joint is broken? _____

Date of injury: _____

Mechanism of injury: _____

Was the injury work related? Yes No N/A

Who provided your initial care? _____
_____

If you had initial care, what did it consist of? (splinting, casting, manipulation, surgery)
_____
_____

Were x-rays taken of your fractured extremity: Yes No
If yes: Date of x-rays: _____
X-ray facility: _____

Are you having any pain at this time? Yes No
If yes, how would you describe the pain? (mild, moderate, severe, etc.)
_____

Are you taking any medications for your pain? _____

Are you having any other symptoms such as:
Numbness or tingling: Yes No
Swelling: Yes No

What are your primary sports activities? _____
_____
_____