

Central Jersey Orthopaedic Specialist, P.A.

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**CONSENT TO BE EXAMINED ONLY  
(IME's, MANDATORY SECOND OPINION)**

I authorize the doctor of Central Jersey Orthopaedic Specialist to examine me (or the individual for whom I am legally responsible) for the purpose of a second opinion or Independent medical evaluation, of my medical condition for a legally entitled third party to whom I authorize furnishing a verbal or written report or both. I understand that no treatment or specific medical advice will be given, that no doctor-patient relationship will be established, and that I will not be charged for this examination.

Date: \_\_\_\_\_

\_\_\_\_\_  
Patient, Parent or Legal Guardian

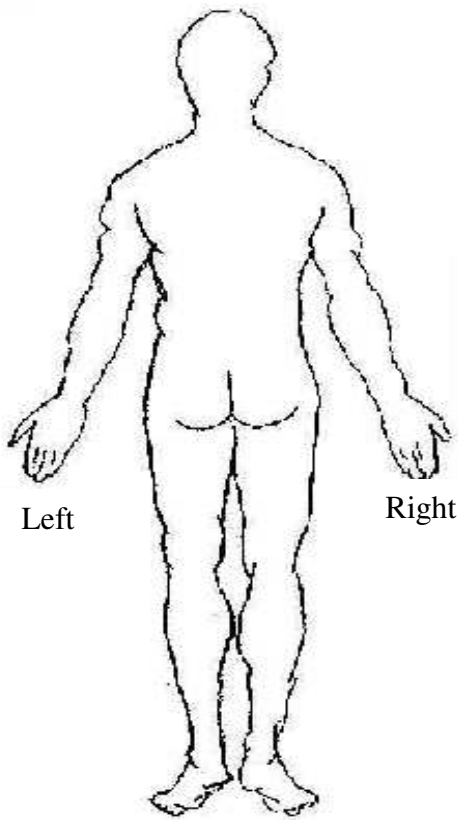
**PAIN DESCRIPTION FORM**

Name \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Date \_\_\_\_\_

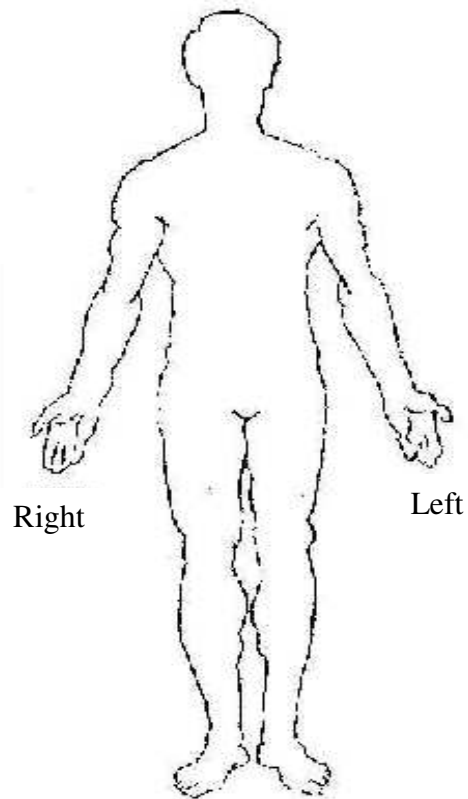
ALL PATIENTS MUST COMPLETE INFORMATION BELOW						
Describe ILLNESS or INJURY :( if injury, describe how occurred.) (please indicate i.e.: LT leg pain, RT leg pain)	Type of Accident <b>circle one</b> Auto Fall Work Other(Specify)	Where did you fall?	Date of Accident/onset			
Patient TREATED at or REFERRED by any of the following for current problem?		Hospital (In-Patient)	Emergency Room	“Walk-in” Facility	Primary Care Dr.	Other
Occupation		Job description				
Circle whether:    Right handed                      Left handed						
<b>Name, Address &amp; phone # of your Pharmacy:</b>						

Using the symbols shown below, mark the areas on your body where you feel the described sensations. Include all affected areas. Just to complete the picture, please draw in your face.

Aching	Numbness	Pins and Needles	Burning	Stabbing	Other
^ ^ ^	= = =	O O O	X X X	/ / /	+ + +



**BACK**



**FRONT**

**Patient Initials:** \_\_\_\_\_

**Central Jersey Orthopaedic Specialist P.A.**

**SYMPTOM SURVEY**

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please **check** any of the following symptoms that you may have experienced or are being treated for:

**CONSTITUTIONAL**

- Fatigue
- Hyperactive
- Restless
- Sleepiness during the day
- Insomnia at night

**EMOTIONAL**

- Depression
- Anxiety
- Mood swings
- Irritability
- Forgetfulness

**HEAD/EARS**

- Headache/Sever Headache
- Earache
- Ear infection
- Ringing in ear
- Itchy ear
- Discharge from ears
- Bleeding from mouth teeth

**SKIN**

- Blemishes
- Acne
- Rashes
- Hives
- Eczema
- Rosy Checks

**NASAL/SINUS**

- Post Nasal Drip
- Sinus Pain
- Runny Nose

**HAND DOMINANCE**

- Right
- Left

- Stuffy Nose
- Sneezing

- Nose Bleed

**MUSCULOSKELETAL**

- Joint Pain/Aching
- Stiff Joints/pain/swelling/redness
- Fracture/Joint injuries
- Muscle Aches
- Stiff Muscles
- Cramping of legs worst after walking
- Arthritis (diagnosed)

**DIGESTIVE**

- Heartburn/Esoph. Reflux
- Stomach Pains/Cramps
- Intestinal Pain/Cramps
- Constipation
- Diarrhea
- Blood in stool/bladder
- Bloating Sensation
- Gas
- Nausea
- Vomiting
- Painful Elimination

**WEIGHT MANAGEMENT**

- Fluctuating Weight
- Food Cravings
- Water Retention
- Binge Eating

- Binge Drinking
- Purging (all methods)

**CARDIOVASCULAR**

- Heart attack, Rheumatic fever
- Irregular Heartbeat
- High Blood Pressure
- Chest Pain or Angina
- Dizziness
- Light Headedness
- Weak Spells
- Fainting/Stroke/Convulsion
- Pounding in Chest
- Palpitations
- Fluttering or Flip Flop
- Tightness
- Heaviness in Chest
- Indigestion like Pain
- Shortness of Breath
- Sensations of Choking
- Intermittent Jaw Pain
- Tingling in Arm

**REPIRATORY**

- Lung disease
- Asthma
- Bronchitis/Pneumonia
- Coughing

**ENDOCRINE**

- Thyroid Disease
- Diabetes
- Other

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

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Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

# CJOS Orthopaedic History (page 1 of 2)

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Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Chief Complaint**

Why are you seeing the doctor today? \_\_\_\_\_

\_\_\_\_\_

Current problem is the result of a (n): Check all that apply

- Car Accident                     
  Work Accident                     
  Slip and Fall                     
  Other \_\_\_\_\_

Medication	Dose	Reason for Medication	Side Effects

Allergies:

Are all immunizations up to date?    Yes    No

If no, which immunizations are due? \_\_\_\_\_

\_\_\_\_\_

**Past Medical History**

Surgeries/Hospitalizations	year	Complications

Have you ever had general anesthesia?    No    Yes

Have any problems with anesthesia?    No    Yes

If Yes Describe: \_\_\_\_\_

# CJOS Orthopaedic History (page 2 of 2)

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Family History

Member	Alive	Deceased	Age	Health status or cause of death
Grandmother(mom)				
Grandfather(mom)				
Grandmother(Dad)				
Grandfather(Dad)				
Father				
Mother				
Sister/Brother				
Sister/Brother				
Sister/Brother				
Sister/Brother				
Sister/Brother				

## Social History

Work in the home     Employed(occupation \_\_\_\_\_)     Student     Retired

Single     Married     Divorced     Separated     Widowed

Children?     No     Yes # \_\_\_\_\_

Do you live alone?     No     Yes \_\_\_\_\_

Exercise?     Daily     Weekly     Monthly     Rarely     Never

What type of exercise? \_\_\_\_\_

History of substance abuse?     No     Yes    What? \_\_\_\_\_

Smoke Currently?     No     Yes    \_\_\_\_\_ Packs per day for \_\_\_\_\_ years.

Quit Smoking?     This year     >1year     >5years     >10years

Drink alcohol?     Daily     1-2 X/week     1-2 X/month     1-2 X/year

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ MD    Date: \_\_\_\_\_

# **Central Jersey Orthopaedic Specialists, P.A.**

## **Directions to South Plainfield Office**

### **Route 78 East or West – EXIT 40 TO HILLCREST ROAD**

West - make right off exit onto Hillcrest Road

East - make left onto Hillcrest Road

Continue on Hillcrest Road (down hill). At bottom of hill “T” in the road, make right turn onto Watchung Circle. Take 3<sup>rd</sup> road off circle, Somerset Street. Go approx. 1 mile, just before you come to Route 22

West make left turn onto Route 22 overpass. At bottom of overpass make left turn onto Somerset Street.

Continue for approximately 2.8 mile to our office. Somerset Street turns into Park Ave.

### **Route 287 North from Staten Island Route 440 Exit 4**

- ✚ Take Exit 4, Durham Ave. Continue on Durham 0.4 miles. Proceed for a total of 5 lights. Bear right at intersection of Valley National Bank continuing over bridge. To Hamilton Blvd, go approx. 1.3 miles (Hamilton turns into Lakeview Ave) for an additional 0.4 miles. At 5<sup>th</sup> light turn right onto Maple Avenue (just before Spring Lake Park) and go approx. 1.1 miles. At light turn left onto Park Ave. We are approx. 0.2 miles on your right just past Dunkin Donuts.

### **Route 287 South Exit 4**

Exit at Edison exit #4 (Lean Line Sign) and make right. At first light make a left onto Hadley Road (Red Lobster). Proceed to Durham Road (2<sup>nd</sup> light). Make a left turn onto Durham and proceed from \* as above to Maple Ave.

### **Route 22 West**

Follow sign to “The Plainfields”, make right turn (Midas Muffler) after overpass and go over Route 22. At bottom of overpass make a left turn onto Somerset Street and

- \* follow Somerset Street until it becomes Park Avenue. Follow Park Avenue past Muhlenberg Regional Medical Center to #1907 (just before Dunkin’ Donuts) on left side.

### **Route 22 East**

Make right turn at sign “The Plainfields” or Somerset Street (VIP Honda on corner) and proceed above from \*.

### **Parkway North or South Exit 131**

Exit at 131 (Iselin/Metuchen). Make a right at exit and go to 1<sup>st</sup> light. Make a right turn onto Wood Ave. At next light make a left turn onto Oak Tree Road. Proceed to Park Avenue (A&P, McDonalds). Make a right onto Park Avenue and proceed to #1907 (just past Dunkin’ Donuts).

### **Turnpike North Exit 10**

Take NJ Turnpike to Exit 10 – to Route 287 north and follow directions above from ✚

#### **Route 1**

Plainfield Avenue to Stelton Road. Make right onto Hadley Road (at Middlesex Mall). Continue straight to Durham Road. Make left onto Durham (follow directions from 287 at ✚

#### **From New Brunswick**

Route 1 North to 287 North ✚

#### **From Newark/Elizabeth**

Route 1 south to Green Street (Iselin/Edison Exit). This will become Oak Tree Road. Continue straight to Park Avenue. Make right onto Park, continue straight, 1907 just past Dunkin’ Donuts on right.