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Established Patient

****New Injury/New Problem****

Patient's Name: _____ Date of Birth: ____/____/____
Address: _____ No Change
Phone #1: (____) _____ No Change Phone #2: (____) _____ No Change
Insurance: _____ No Change ID#: _____
Height: _____ Weight: _____ Grade Level: _____
Activities & Sports Patient Participates In: _____
Pediatrician: _____ No Change Fax #: (____) _____
Preferred Pharmacy Name & Address: _____ No Change

Reason for Visit

Body Part(s) to Be Examined: Right Left _____
Date(s) of Injury or Onset of Symptoms: ____/____/____ , ____/____/____ , ____/____/____
Description & Explanation of the Injury or Symptoms (How, Where, & When): _____

Initial Place of Exam: PCP Urgent Care ER Where: _____
Prior Imaging: Yes No Date: ____/____/____ Where: _____

Updates in Medical History

Changes in Allergies (Medications, Latex, Adhesives, Etc.): _____ None
Current Medications: _____ None
Recent Surgical Procedures: _____ None
Current Medical Conditions (Asthma, Heart Problems, Etc.): _____ None

Signature: _____ Date: ____/____/____
(Parent / Guardian)