



**ACCIDENT/SYMPATOM INFORMATION**

*Sports Medicine*

Charles W. Breckenridge, M.D.  
Arthroscopy & Shoulder Surgery

Bernard M. Seger, M.D.  
Arthroscopy & Knee Surgery

Jackie Coates, P.A.-C

*Adult Spinal Surgery*

John P. Masciale, M.D.

John M. Borkowski, M.D.

Stephen Springer, P.A.-C

*Foot and Ankle Surgery*

Dawn M. Grosser, M.D.

*Surgery of the Hand*

Ryan B. Thomas, M.D.

Jose R. Recio, P.A.-C

*Joint Reconstruction  
Joint Replacement  
Arthritis Surgery*

Justin Klimisch, M.D.

Kaylee Sims, P.A.-C

*General Orthopaedics*

Frank A. Luckay, M.D.

*Primary Care  
Sports Medicine*

Michael W. Montgomery, M.D.

*Orthopaedic Nurse Practitioner*

Kaylene John, MSN, APRN FNP-C

PATIENT NAME: \_\_\_\_\_  
(Please print)

IF YOUR OFFICE VISIT TODAY IS THE RESULT OF AN  
ACCIDENT

PLEASE COMPLETE THE FOLLOWING INFORMATION

**IS THIS WORK RELATED?**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

DESCRIBE HOW YOU WERE INJURED: \_\_\_\_\_  
\_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_

WHERE THE ACCIDENT HAPPENED: \_\_\_\_\_  
\_\_\_\_\_

**IF THIS WAS NOT AN ACCIDENT**, PLEASE GIVE US  
THE FIRST DATE OF YOUR SYMPTOMS APPEARED ON  
THE SPACE BELOW.

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE (parent if minor)                      DATE