☐

HOUSTON
PHYSICIANS'
SURGERY CENTER ☐

Place Patient Label Here

Patient Questionnaire About An Injury

1. Is your procedure due to an injury? No _____ (you may stop here, no other questions to complete)
   Yes _____ (please answer the rest of the questions in as much detail as possible)

2. How did your injury occur? (please describe in as much detail as possible)

   ____

   ____

   ____

   ____

3. Where were you when the injury occurred? (for example: gym class; vacation; work; a public pool, on the street or highways, etc.)
   ____

4. What activity was being performed when your injury occurred? (for example: exercising; playing football; putting items up on a shelf; driving a vehicle, etc.)
   ____
   ____
   ____

5. Date the injury occurred (please complete one of the answers below)

   (please provide month/day/year of injury) ____________________

   I do not know the exact date, but can give an estimated year, month, or season ______________

   Not known ____________________

Form completed by: (please print name): _____________________________________

Today's Date: __________ Time: ________

1IA

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