

GOTHAM CITY ORTHOPEDICS, LLC

Adult and Pediatric Sports Medicine, Trauma, and General Orthopedics

Sean Lager, M.D.

Diplomate, American Board of Orthopedic Surgery

Please indicate if you have any symptoms in the following areas:

Fevers, chills, or recent weight loss	Yes	No
Vision changes	Yes	No
Ears, nose, mouth, or throat	Yes	No
Chest pain, fast heart rate	Yes	No
Shortness of breath, persistent coughing	Yes	No
Stomach upset, diarrhea, constipation	Yes	No
Painful urination, increased or decreased frequency	Yes	No
Skin rashes, lesions, or easy bruising	Yes	No
"Pins and needles" sensation in hands or feet, tremors	Yes	No
Depression, mood swings, sleep disturbances	Yes	No
Swollen hands or feet, blood in urine or stool	Yes	No
Frequent sneezing, watery eyes	Yes	No

Sign: _____

Date: _____

Sean Lager, M.D.

Date: _____