

The Emory Clinic
Return Patient Packet

Have you been in the hospital within the last 60 days? Yes No

What problem brings you here today?

Symptoms:	Onset (date)
1. _____	___/___/___
2. _____	___/___/___
3. _____	___/___/___
4. _____	___/___/___

Please list any illnesses or surgical procedures that you have had since your last visit:

Are you experiencing pain at the present time? Yes No

If yes, please indicate the location of the pain: _____

Indicate your current pain level on the following scale:

