



## **Durango Sports Medicine, PLLC**

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### **NEW PATIENT INFORMATION FORM**

*Please complete this form to the best of your ability; it will help make best use of your time during your visit.*

**Legal Name:**

**How you would like to be addressed:**

**Birthdate:**

**Mailing address:**

**Email:**

**Best Phone To Contact You:**

**Primary Care Provider:**

**Allergies:**

**Prescription Medications:**

**OTC Medications:**

**Dietary / Sport Supplements, Herbal Products, Vitamins, Performance enhancers, etc:**

**Past Surgeries:**

**Past significant illnesses/hospitalizations:**

**Past sprains, strains, joint or muscle injuries, fractures, stress reactions:**

**Past head injuries or concussions:**

**Medical Problems/Diagnosis(ie, asthma, high blood pressure):**

**Any gym / fitness equipment membership / access:**

**Recreational substances including alcohol, tobacco, marijuana or others:**

**Describe your diet:**

**Profession:**

**Education:**

**Current sport / fitness / outdoor activities:**

**How much of each above; runners please include daily / weekly milage.**

**Team / League / Club:**

**Any coach, Trainer, PT, Primary Care provider etc you wish for us to keep updated with your condition? Include contact info.**

**Do you compete (or plan to) in any events subject to USADA, WADA or other drug testing/anti-doping program? Explain if yes.**

**Past Sport Involvement (including youth teams):**

**Current training / health goals?**

**What would you like to address in your visit today?**

**If this appointment is for an injury, when did the problem begin?**

**What helps or improves this problem?**

**What makes it worse or more pronounced?**

**What all have you tried?**

**Have you been seen by other professionals or had any tests for this problem? If so, who/ where / results as you understand them.**

**Any other information you would like to share with your doctor today?**