

Today's Date: _____

Patient Name: _____

Date of Birth: _____ Age: _____

How did you hear about us? Circle one.

Phone Book Ad M.D.

Other: _____

Referring Physician: _____

Family Physician: _____

CHIEF COMPLAINT: (description of your current orthopedic problem): _____

DATE OF INJURY/ONSET OF PAIN: _____

HISTORY OF PRESENT ILLNESS: (please answer these questions regarding your current problem)

Where? RIGHT or LEFT? What are your symptoms? How long have you had these symptoms?

PAST MEDICAL HISTORY: (ALSO LIST ANY MEDICAL CONDITIONS FOR WHICH YOU ARE CURRENTLY BEING TREATED, INCLUDING PREVIOUS HOSPITALIZATIONS.) _____

Have you ever had the following type of "BLOOD CLOT"

DEEP VEIN THROMBOSIS (DVT): YES / NO DATE: _____ PULMONARY EMBOLISM: YES / NO DATE: _____

Surgical History (TYPE OF AND DATE): _____

Current Medications (PLEASE LIST DOSAGE, FREQUENCY, AND CONDITION BEING TREATED): _____

Any Known Allergies (TO MEDICATIONS): _____

FAMILY MEDICAL HISTORY (PAST OR CURRENT MEDICAL CONDITION OF FAMILY MEMBER):

Mother: _____ Father: _____ Siblings: _____

SOCIAL HISTORY (PLEASE CIRCLE OR COMPLETE ALL THAT APPLY):

Single Married Widowed Divorced/Separated Spouse's Name: _____

Tobacco use (packs per day): _____ Alcohol use (drinks per day): _____

REVIEW OF SYSTEMS (PLEASE CIRCLE ALL THAT APPLY):

Constitutional

- Fever
Weight Change

Eyes

- Visual Changes
Glaucoma

Ear, Nose & Mouth

- Hearing Change
Sinus Problems
Dental Problems

Cardiovascular

- Heart Failure
Chest Pain
Blood Pressure

Respiratory

- Asthma
Difficulty Breathing
Tuberculosis
Pneumonia

Endocrine

- Diabetes
Thyroid Problems

Gastrointestinal

- Nausea/ Vomiting
Blood in Stool

Genitourinary

- Urinary Infections
Incontinence

Skin

- Infections
Lesions/ Ulcers

Neurological

- Seizures
Strokes
Paralysis

Psychiatric

- Depression
Anxiety

Hematologic

- Anemia
Bleeding Disorders

VITALS

Weight: _____

Temperature: _____

Pulse Rate: _____

Respiration: _____

O2 Sat: _____

BP: _____

PATIENT Signature: _____

Date: _____

Physician Signature: _____

Date: _____