

Date: _____

Name: _____ Date of Birth: _____ Sex: M / F

Family Physician: _____ Occupation: _____

Marital Status: Single Married Divorced Widow(er) Number of Children _____

Why are you seeing the doctor today? _____

My current problem is a result of a(n): (circle all that apply)

Car accident Work accident Accident

Date of Accident: _____

Other: _____

Medications: List all that you are now taking for your orthopedic problem:

Medications: List all that you are now taking for chronic health problems:

Drug name:	Dose:	How many times per day:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies: (circle any medications you are allergic to):

Penicillin Sulfa Aspirin Codeine Morphine Demerol
Mycins Tetanus Tetracycline

Any Other: _____

Surgery: (Please list all prior surgeries including dates):

Do you exercise?
___Yes ___No Frequency/week _____

Habits:
Alcoholic beverages: ___Never ___Rarely ___Moderate ___Daily

Tobacco: ___packs/day for ___years
___cigars ___pipe ___chewing tobacco ___Snuff

History of substance abuse: ___Yes ___No

Height _____

Weight _____ (Now) _____ (1 year ago)

Maximum weight: _____

Medical History:

Are you currently having or have you had problems with any of the following?

	Circle	Please Describe
Eyes	No Yes	_____
Ears, nose, throat, Mouth	No Yes	_____
Lungs, Breathing	No Yes	_____
Heart: attack, failure, pacemaker	No Yes	_____
High Blood pressure	No Yes	_____
Stomach: ulcer, heartburn	No Yes	_____
Bowel Movement	No Yes	_____
Bladder or kidney	No Yes	_____
Diabetes, Thyroid	No Yes	_____
Bleeding Problems Blood clot, DVT	No Yes	_____
Balance Problems	No Yes	_____
Numbness/Tingling	No Yes	_____
AIDS	No Yes	_____
Cancer	No Yes	_____
Arthritis	No Yes	_____
Polio	No Yes	_____
Epilepsy	No Yes	_____
Bone or Joint	No Yes	_____
Fibromyalgia	No Yes	_____
Anxiety/Depression Bipolar, Schizophrenia	No Yes	_____

Family History: (Please circle all that apply):

Gout Rheumatoid Arthritis Back Disease Osteoarthritis

Heart trouble Cancer Bleeding problems Stroke

Mental illness Diabetes Anesthesia problems

Reviewed by: _____ Date: _____