

# CALTON-HARRISON CLINIC

ORTHOPEDIC AND SPORTS MEDICINE SPECIALISTS

4403 Harrison Blvd. • Suite 2400 • Ogden, Utah 84403  
PH: (801) 387-2750 • Fax: (801) 387-2755

## CURRENT PROBLEM

Please circle the appropriate area of the body where the problem is:

Head/Neck	Forearm/Wrist	Leg
Back/Spine	Hand/Fingers	Ankle
Shoulder	Hip/Pelvis	Foot
Arm/Elbow	Knee	Other

Which side of the body is affected? (circle one)

Right      Left      Both      Multiple

Please describe the injury/condition for what you are seeing the doctor for today:

## CURRENT MEDICATIONS

Medication & Dosage	Reason (Medical Problem)

If you are presently taking a weight loss supplement please list the name:

## ALLERGIES/ADVERSE REACTIONS TO MEDICATION

Please list allergies: \_\_\_\_\_

## PREVIOUS ILLNESSES

High Blood Pressure	Bleeding Problems	Angina/Chest pains
Diabetes	Kidney/Bladder problems	Heart Failure
Ulcers	Blood Transfusion	Heart Rhythm Disorder
Hepatitis	Hearing problems	Mental Disorders
Tuberculosis	Vision problems	Stroke
Asthma	Pregnant	Gout
Lung disorders	Previous Stroke	Blood Clots
Sexually trans. Disease	Previous Seizure	Cancer
Breathing problems	Other:	

## PREVIOUS SURGICAL PROCEDURES/HOSPITALIZATIONS

Please list: \_\_\_\_\_

## OTHER IMPORTANT INFORMATION

Significant Family History: \_\_\_\_\_

If a smoker, # packs/days: \_\_\_\_\_ Alcohol use, # drinks/day: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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## REVIEW OF SYSTEMS

Do you now or have you ever had any problems related to the following systems? Please circle Yes or No.

### Constitutional Symptoms

Fever Y N  
Chills Y N  
Headache Y N  
Other \_\_\_\_\_ Y N

### Eyes

Blurred Vision Y N  
Double Vision Y N  
Pain Y N

### Allergic/Immunologic

Hay Fever Y N  
Drug Allergies Y N  
Other \_\_\_\_\_ Y N

### Neurological

Tremors Y N  
Dizzy Spells Y N  
Numbness/Tingling Y N  
Other \_\_\_\_\_ Y N

### Endocrine

Excessive Thirst Y N  
Too Hot/Cold Y N  
Tired/Sluggish Y N  
Other \_\_\_\_\_ Y N

### Gastrointestinal

Abdominal Pain Y N  
Nausea/Vomiting Y N  
Indigestion/Heartburn Y N  
Other \_\_\_\_\_ Y N

### Cardiovascular

Chest Pain Y N  
Varicose Veins Y N  
High Blood Pressure Y N  
Other \_\_\_\_\_ Y N

### Integumentary

Skin Rash Y N  
Boils Y N  
Persistent itch Y N  
Other \_\_\_\_\_ Y N

### Musculoskeletal

Joint Pain Y N  
Neck Pain Y N  
Back Pain Y N

### Ear/Nose/Throat/Mouth

Ear Infection Y N  
Sore Throat Y N  
Sinus Problems Y N  
Other \_\_\_\_\_ Y N

### Genitourinary

Urine Retention Y N  
Painful Urination Y N  
Urinary Frequency Y N  
Other \_\_\_\_\_ Y N

### Respiratory

Wheezing Y N  
Frequent Cough Y N  
Shortness of Breath Y N  
Other \_\_\_\_\_ Y N

### Hematologic/Lymphatic

Swollen Glands Y N  
Blood Clotting Problems Y N  
Other \_\_\_\_\_ Y N

### Psychologic

Are you generally satisfied  
with your life? Y N  
Do you feel depressed? Y N  
Have you considered suicide? Y N

Physician Use Only: (Comments/Notes)

Physician \_\_\_\_\_

Date \_\_\_\_\_