Initial Medical History

Orthopedic Associates

Name: _____ Referring Physician: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Chief Complaint

Why are you seeing the doctor today? _____

_____

When did symptoms start? _____ Painful? YES / NO Pain at night? YES / NO

List any treatment, medications, tests, x-rays you have had for this problem: _____

_____

Is the current problem the result of an accident? YES / NO Date of injury /explain: _____

_____

Previous Surgeries [ ] None

Year	Surgery	Year	Surgery

Medical Problems [ ] None

CIRCLE ALL THAT APPLY

Heart condition: High blood pressure (hypertension) Coronary artery disease (CAD)
Irregular heart beat (palpitations/fibrillations) Chest pains (angina)

Lung condition: Asthma Chronic obstructive pulmonary disease (COPD) Other: _____

Diabetes: Insulin-dependent Oral therapy Diet-controlled Date diagnosed: _____

Cancer: Type: _____ Date diagnosed: _____ Active or in remission (circle)

ALL other medical problems:

Medications including anti-inflammatories [ ] None

Drug name	Dose	Times/day	For what problem?

PLEASE CONTINUE ON OTHER SIDE →

Patient Signature: _____ Date: _____

Allergies

CHECK ONE:

[ ] Known allergies include:

[ ] No known drug allergies

Social History

Occupation:

Where do you live?

With whom do you live?

Smoker? (circle) YES / NO / QUIT when?
How may years? Packs/day?

Drink alcohol? (circle) Never Daily
1-2 times/week Monthly Yearly

History of substance/drug abuse? (circle) YES NO
What?

Family Medical History

Heart problems? YES / NO Whom?

Lung problems? YES / NO Whom?

Arthritis? YES / NO Whom?

Blood clots? YES / NO Whom?

Cancer? YES / NO Whom?

Other:

Review of Systems

Have you had the following?

CIRCLE ALL THAT APPLY	DESCRIBE CIRCLED RESPONSES
Recent weight gain/loss – fever – chills – sweats	
Chest pain – swelling in legs – shortness of breath	
Ulcers – reflux – digestive problems	
Bladder problems – bowel problems	
Diabetes – thyroid problems	
Dizziness – lightheadedness – fainting	
Numbness – tingling – weakness – seizures	
Hepatitis – liver disease – brown urine	
Kidney stones – blood in urine – burning	
Sexually transmitted diseases – HIV – AIDS	
Depression – anxiety – psychological problems	
Eye – ear – nose – mouth – throat problems	
Cough – tuberculosis	
Cancer	
Other problems the doctor should know about	