Patient name: _____ Date: ___/____/___

Primary care Physician:_____

DOB: ____/____/_____ Height: _____ Weight: _____

Reason for visit to office: _____

Occupation: _____

Work related accident: yes no Auto accident? Yes No

Name of Atty:_____

PLEASE answer the questions on the following pages so that we may better serve you!

PAST MEDICAL HISTORY

BRAIN
- TIA
- Stroke

ENDOCRINE
- Insulin dependent diabetes
- Non-insulin dependent diabetes
- Hypercholesterolemia
- Hypothyroidism
- severe osteoporsis

HEART
- Coronary artery disease
- Myocardial infarction (heart attack)
- Hypertension/High Blood Pressure

INFECTIOUS
- HIV
- Hepatitis
- Cellulitis
- Syphilis
- Joint infection

KIDNEY
- Chronic Renal Failure

LUNG
- Chronic Bronchitis
- Pulmonary embolism
- Asthma
- COPD

MUSCULOSKELETAL
- Low Back Pain
- Sciatica
- Spinal Stenosis
- Degenerative disk disease
- Juvenile Rheumatoid Arthritis
- Lupus
- Rheumatoid Arthritis
- Psoriasis
- Osteoarthrits

CANCER
Type:_____

PSYCHIATRIC
- Alcohol Abuse
- Major Depression
- Anxiety
- Bipolar disorder
- schizophrenia

STOMACH &INTESTINE
- GERD/Reflux
- Gastric Ulcer
- Irritable Bowel Syndrome

VASCULAR
- DVT
- Phlebitis
- Sickle cell anemia

OTHER:
1._____
2._____
3._____

PAST ORTHOPEDIC SURGICAL HISTORY

PAST SURGERIES	SIDE/LOCATION	YEAR	NAME OF SURGEON
JOINT REPLACEMENT	RIGHT LEFT BOTH		
□Total Hip Replacement	□ □ □		
□Total Knee Replacement	□ □ □		
□Partial Knee Replacement	□ □ □		
□Core Decompression	□ □ □		
□High Tibial Osteotomy	□ □ □		
SPINE			
□ Cervical (neck) Fusion	Levels_____		
□ Cervical Disk	_____		
Removal/ Decompression			
□ Lumbar (lower back) fusion	Levels_____		
□ Lumbar Disk	_____		
Removal/Laminectomy			
□ Thoracic	Levels_____		
□ Kyphoplasty	_____		
□ Tumor/Infection	_____		
SPORTS	RIGHT LEFT BOTH		
□Knee Arthroscopy	□ □ □		
□Shoulder Arthroscopy	□ □ □		
□Rotator Cuff Repair	□ □ □		
□Total Shoulder Replacement	□ □ □		
□ Other	□ □ □		
TRAUMA (list bone/joint and Treatment	RIGHT LEFT BOTH		
_____	□ □ □		
_____	□ □ □		

Other past surgical history

BREAST	GASTROINTESTINAL	**OTHER:**
□ Lumpectomy *(left or right side)*	□ Hernia repair	1._____
□ Mastectomy *(left or right side)*	□ Resection of large bowel	2._____
	□ Removal gall bladder	3._____
CARDIOVASCULAR		4._____
□ Pacemaker	VASCULAR	5._____
□ Coronary artery Bypass	□ Abdominal aortic aneurysm	6._____
□ Valve replacement	□ Femoral Bypass	7._____
	□ Dialysis shunt	8._____
	□ Varicose vein stripping	9._____

ALLERGIES

NO KNOWN ALLERGIES

MEDICINE	REACTION	GENERAL	REACTION
Aspirin	_____	Latex	_____
Erythromycin	_____	Adhesive	_____
NSAIDS	_____	Other	_____
Penicillin	_____		
Sulfa	_____		

MEDICATION INFORMATION

High blood pressure:
- Accupril(quniapril)
- Atenolol
- Capoten
- Cardizem (Diltiazem)
- Cardura (Doxazosin)
- Cozaar (Losartan)
- Diovan (Volsartan)
- Vasotec (Enalapril)
- Zestril (lisinopril)
- Lopressor/Toprol(metoprolol
- Lotesin (Benazepril)
- Norvasc (Amlodipine)
- Procardia (Nifedipine)

Heart Medication:
- Lanoxin (digoxin)
- Nitrogltcerin

Blood Thinners:
- Aspirin
- Coumadin (warfarin)
- Plavix

Cholesterol Lowering Drugs:
- Lipitor (Atrovastatin)
- Pravachol (Pravastatin)
- Zocor (Simvastatin)

Diuretics (water pills)
- Dyazide (HCTZ/Trimterrene)
- Lasix (Furosemide)
- Hydtrochlorothiazide (HCTZ)

Diabetes:
- Glucophage (metformin)
- Glucotrol (Glipizide)
- Insulin (Humulin)

Gastrointestinal
- Nexium (Esomeprazole)
- Prevacid (lansoprazole)
- Prilosec (omeprazole)
- Zantac (Ranitidine)

Rhuematology:
- Methotrexate
- Plaquenil
- Prednisone

NSAIDs:
- Advil/motrin
- Aleve (Naprosyn or naproxen)
- Celebrex
- Mobic

Pain:
- Darvocet (acetaminophen+ Propoxypene)
- Dilaudid
- Duragesic patch (fentanyl patch
- Endocet/Percocet/Tylox
- Oxycodone/ Oxycotin
- Lortab/Vicoden (hydrocodone + Acetaminophen)
- MS Cotin
- Neurontin
- Tylenol #3
- Ultram

OTHER MEDICATIONS:

_____ _____ _____

_____ _____ _____

FAMILY HISTORY

Has any member of your family, including parents, grandparents, siblings, ever had the following: please check all that apply

Illness	Family Member	Illness	Family Member
Cancer	_____	Drug/Alcohol Addiction	_____
Hypertension	_____	Glucoma	_____
Stroke	_____	Bleeding disorders	_____
Mental illness (anxiety/depression)	_____	Other :	_____ _____

SOCIAL HISTORY

Occupation:	**Marital Status:**	**Athletics:**	**Exercises:**
□ Employed	□ Single	□ Professional	□ Daily
□ Unemployed	□ Married	□ Amateur	□ Weekly
□ Student	□ Separated	□ Recreational	□ Rarely
□ Work from home	□ Divorced	□ None	□ Never
□ Retired	□ Widowed	Sport_____	Type:_____

SMOKING HISTORY

_____I have never smoked.

Do you currently smoke? □ No □ Yes How long have you smoked?_____

I currently smoke: □ ¼ pack, □ ½ pack, □ ¾ pack, □ 1 pack □ 2 packs per day

I quit smoking: □ less than 1 year ago □ more than 1 year ago □ more than 5 years ago

I formerly smoked: □ ¼ pack, □ ½ pack, □ ¾ pack, □ 1 pack □ 2 packs per day

What type of tobacco did you smoke? □ Cigarettes □ Cigars □ Pipe

ALCOHOL HISTORY

Do you currently drink alcohol? □ No □ Yes. If yes, what type of alcoholic beverages do you usually drink?

□ Beer □ Wine □ Hard Liquor (such as whiskey, scotch, gin or vodka)

I CURRENTLY DRINK:	I USED TO DRINK:	How many drinks did you on a typical day when you are/were drinking?
□ Less than one per month	□ Less than one per month	□ 1-2 drinks
□ 2-4 times per month	□ 2-4 times per month	□ 3-4 drinks
□ 2-3 times a week	□ 2-3 times a week	□ 5-6 drinks or more
□ 4-5 times a week	□ 4-5 times a week	
□ 6 or more times a week	□ 6 or more times a wee	

OTHER SUBSTANCES

_____I have never used drugs.

Do you currently use recreational drugs? □Yes □No

Have you used: □ Marijuana □ Cocaine □ Heroin □ Other_____

Have you ever developed an addiction to pain medicine? □ Yes □ No

REVIEW OF SYSTEMS: ***Please mark the symptoms you are currently experiencing:***

GENERAL
□ Good general health
□ Chills
□ Feeling tired all the time
□ Dizziness
□ Loss of appetite
□ Fever
□ Night sweats
□ Weight gain of more than 10 lbs
□ Weight loss of more than 10 lbs

SKIN
□ No problems
□ Dryness
□ Excessive sweating
□ Rash

HEENT
□ Blurry vision
□ Sinusitis
□ Fainting
□ Headache

NECK
□ Difficulty swallowing

RESPIRATORY
□ Chest pain
□ Shortness of breath
□ Chronic cough
□ Wheezing

CARDIOVASCULAR
□ Chest pain
□ Swelling in legs
□ Night cramps
□ Palpitations
□ Phlebitis
□ Skipped heartbeats

GASTROINTESTINAL
□ Anorexia
□ Constipation
□ Diarrhea
□ Heartburn

MALE GENITOURINARY
□ Hesitancy
□ Incontinence

NEUROLOGICAL
□ Dizziness
□ Headaches
□ Incontinence stool
□ Incontinence urine
□ Loss of balance

PSYCHIATRIC
□ Anxiety
□ Change in sleep pattern
□ Depression

ENDOCRINE
□ Frequent urination
□ Appetite changes
□ Cold intolerance

HEMATOLOGY
□ Anemia
□ Easy bruising
□ Enlarged lymph nodes
□ Prolonged bleeding
□ Spontaneous bleeding

SUMMARY
□ All Other Systems Negative