ORTHOPEDIC ASSOCIATES, PA TODAY'S DATE:_____

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NAME:_____ PRIMARY CARE MD:_____

SS#:_____ DATE OF BIRTH:_____

CHIEF COMPLAINT

WHY ARE YOU SEEING THE DOCTOR TODAY?

_____

_____

CURRENT PROBLEM IS THE RESULT OF A(N): CHECK ALL THAT APPLY

_____WORK ACCIDENT _____ AUTO ACCIDENT _____ OTHER

MEDICATION	DOSE	REASON FOR MEDICATION	SIDE EFFECT

ALLERGIES: _____, _____, _____, _____

ARE ALL IMMUNIZATIONS UP TO DATE? ___YES ____NO LAST TETANUS BOOSTER:_____

IF NO, WHICH IMMUNIZATIONS ARE DUE? _____

REVIEW OF SYMPTOMS

ARE YOU CURRENTLY HAVING OR HAVE YOU HAD PROBLEMSWITH YOUR:

AIDS	NO	YES	
ARTHRITIS	NO	YES	
BALANCE PROBLEMS	NO	YES	
BLACKOUT / FAINTING	NO	YES	
BLADDER PROBLEM	NO	YES	
BLEEDING PROBLEMS	NO	YES	
BOWEL MOVEMENT	NO	YES	
CANCER	NO	YES	
DIABETES	NO	YES	
DIGESTION	NO	YES	
EARS, NOSE, THROAT	NO	YES	
EPILEPSY	NO	YES	
EYES	NO	YES	
HIGH BLOOD PRESSURE	NO	YES	
LUNGS, BREATHING	NO	YES	
NUMBNESS / TINGLING	NO	YES	
POLIO	NO	YES	
PYSCHOLOGICAL PROBLEMS	NO	YES	
TB	NO	YES	

PATIENT SIGNATURE:_____ REVIEWED BY:_____,MD DATE:_____

NAME:_____

PAST SURGICAL HISTORY

SURGERIES	YEAR	COMPLICATIONS

PAST MEDICAL HISTORY

			DESCRIBE
BLOOD CLOTS IN LEGS	NO	YES	
CANCER	NO	YES	
DIABETES	NO	YES	
HEART PROBLEMS	NO	YES	
HIGH BLOOD PRESSURE	NO	YES	
LUNG PROBLEMS	NO	YES	
OSTEOARTHRITIS	NO	YES	
STROKE	NO	YES	
OTHER	NO	YES	

PROBLEMS WITH GENERAL ANESTHESIA? NO YES DESCRIBE: _____

FAMILY HISTORY

MEMBER	ALIVE	DECEASED	HEALTH STATUS OR CAUSE AND DATE OF DEATH
GRANDMOTHER (MOM'S)	A	D	
GRANDFATHER (MOM'S)	A	D	
GRANDMOTHER (DAD'S)	A	D	
GRANDFATHER (DAD'S)	A	D	
FATHER	A	D	
MOTHER	A	D	
SISTER / BROTHER	A	D	
SISTER / BROTHER	A	D	
SISTER / BROTHER	A	D	
SISTER / BROTHER	A	D	
SISTER / BROTHER	A	D	

ANTI-INFAMMATORIES

PLEASE CHECK IF YOU ARE TAKING ANY OF THE FOLLOWING MEDICINES:

___ALEVE ___ADVIL ___CELEBREX ___DAYPRO ___IBUPROFEN ___DICLOFENAC

___MELOXICAN ___MOTRIN ___NAPROSYN ___RELAFEN ___OTHER

HOW LONG HAVE YOU BEEN TAKING THIS MEDICINE? _____

IF YOU HAVEN'T TAKEN ANY OF THESE ANTI-INFLAMMATORIES, WHY NOT?_____

ORTHOPEDIC ASSOCIATES
(PG 3)

SOCIAL HISTORY

____WORK IN HOME ____EMPLOYED (OCCUPATION) _____STUDENT ____RETIRED

HOBBIES:_____

____ SINGLE _____ MARRIED ____DIVORCE _____SEPARATED ____WIDOWED

CHILDREN: _____NO _____YES #:_____ DO YOU LIVE ALONE: _____NO _____YES WHO LIVES WITH YOU:_____

SMOKE CURRENTLY? _____NO _____YES AMOUNT:_____ QUIT WHEN?_____

DRINK ALCOHOL?: _____ DAILY _____ 1 -2 X WK _____1 -2- X MONTH _____ 1-2 X YEAR _____ NEVER

PATIENT SIGNATURE: _____DATE:_____

REVIEWED BY:_____ DATE:_____