

Medical History			Date:		
Name:			Female	Date of Birth: //	
Reason for appointment: Right					
Current Height: Curren	t Weight:	Are you: 🗌 Left handed 🗀	Right hand	led	
Pharmacy: Please provide us with the	ne name and location of y	our pharmacy.			
Pharmacy Name:	•	,			
<b>Allergies:</b> □ None known <i>or Do yo</i>	ou have reactions to any of	f the followina? Describe.			
Penicillin:		_	Latex:		
Sulfa:					
☐ Iodine Contrast:	🗌 Hydrocodoi	ne: [	Other: _		
Current Medications: Include the of If insufficient space, please use back LIST ALL BELOW ☐ See Attached	side of page.		er the Count	er Products and Supplements)	
Vaccines: Influenza (flu) immunizat			• •		
Family History:  Bleeding problems  Blood  Diabetes  Heart disease  Other (specify):	☐ Malignant hyperthe	ermia Osteoporosis			
	Others Nursing Hor	me Retirement Home	Other:		
		If female, pregnant?	□ No □	Yes	
Do you have an Advanced Directive					
Smok	current tobacco use eless Tobacco: Patch Marijuana use	Cigarettes packs a date years	ay for	_ years	
Alcohol Consumption: None History of Substance Abuse:		Moderate			
Exercise level: None	-	n, please describe Moderate			
Exercise level.	- Occasional II	ioderate			
Surgical History					
Please describe below any orthopa	edic surgeries. Include the	e procedure, side (left or right)	), and the ye	ear.	
Hip:					
Knee:					
Shoulder:					
Other Orthopaedic Surgeries:					
Snine Surgery: Type & year:					

Please mark or list any other su	geries you have had in the past:			
□ Appendectomy	□ Oophorectomy	☐ Varicose Veins		
Hysterectomy	☐ Mastectomy	Bypass/Heart surgery, when?		
Hernia	☐ Gallbladder	Angioplasty/Stent, when?		
■ Tonsillectomy	☐ C-section			
Other surgeries not listed above	ə:			
Past Medical History	Ollinesses (Please check all	that apply)		
☐ Anxiety	☐ Blood clots (DVT)	☐ Hepatitis ☐ A ☐ B ☐ C	Pneumonia	
CVA (Stroke)	<ul><li>Blood transfusion</li></ul>	■ MRSA	☐ Sleep apnea	
Depression	Chest pain	Tuberculosis	☐ CPAP	
Dizziness	☐ Heart disease	<ul><li>Peptic ulcer disease</li></ul>	☐ BiPAP	
☐ Frequent headaches	Heart murmur/irregular	☐ Ulcers/Reflux	<ul><li>Pulmonary embolism</li></ul>	
<ul><li>Mental/Nervous disorder</li></ul>	rhythm	Fractures – List types:	<ul><li>Shortness of breath</li></ul>	
■ Narcolepsy	☐ High blood pressure		☐ Sleep disorder	
☐ Prior nerve injury	☐ MI (Heart attack)	Chronic back/neck pain	☐ Cancer	
Seizures/Epilepsy	MVP (Mitral Valve Prolapse)	☐ Dentures/Partials	Psoriasis	
☐ Paresthesia lower extremity	☐ Poor leg circulation	☐ Bladder/Kidney infection	General Anesthesia - has had	
Parkinson's	☐ Pressure ulcers	☐ Asthma	Caused Nausea/Vomiting	
☐ Diabetes	☐ AIDS/HIV	☐ Bronchitis	☐ Malignant hyperthermia	
☐ Thyroid dysfunction	☐ C-Diff ☐ Active infection	☐ Emphysema	Other:	
☐ Bleeding disorder	Successfully treated	Frequent cough		
Review of Symptoms: (Pleas	an ahaak all that anniv within the last	20 daya)		
Constitutional: None	se check all that apply within the last  Respiratory:   None	Musculoskeletal: None	Neurologic: None	
Fever	☐ Cough	☐ Muscle aches	☐ Weakness	
☐ Night sweats	☐ Wheezing	☐ Muscle weakness	☐ Numbness/Tingling	
☐ Significant weight gain	☐ Shortness of breath	☐ Joint pain	Seizures	
☐ Significant weight loss	☐ Sleep apnea	☐ Back pain	☐ Gait dysfunction	
Exercise intolerance	☐ CPAP	Swelling of extremities	E dan dystatiction	
☐ Chills	BiPAP	☐ Neck pain	Psychological: None	
☐ Malaise (general feeling	L BII AI	Difficulty walking	Depression	
of discomfort)	Gastrointestinal: None	☐ Cramps	☐ Alcohol abuse	
or discornior ty	Nausea	☐ Osteoporosis	☐ Anxiety	
Cardiovascular: None	☐ Vomiting	☐ Fractures	☐ Memory loss	
☐ Chest pain/pressure	☐ Constipation	Tractares	☐ Dementia	
Shortness of breath	☐ Change in appetite	Integumentary (Skin): None	Dementia	
while walking	GERD	Rash	Circulation Problems: None	
☐ Shortness of breath	- GEND	Laceration	Excessive bleeding	
while lying down	Genitourinary Problems:	☐ Non-healing areas	☐ Anemia	
☐ Palpitations	None	Psoriasis	☐ Phlebitis	
Heart murmur	☐ Incontinence	1 30110313	Tricoids	
☐ Ankle swelling	☐ Difficulty urinating			
Arikie sweiling	<ul><li>Increased frequency of urination</li></ul>	on		
	Increased frequency of diffial	OH		
X				
Patient Signature			Date	

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