

EVANGELISTA ORTHOPEDIC CLINIC

Name: _____ **DOB** _____ **HT** _____ ft _____ in **WT** _____

What are you seeing the doctor for today: _____

Date of injury or onset of problem: _____ Affected side: Left Right

Have you had x-rays taken? Yes No If yes, where? _____

Have you had an MRI? Yes No If yes, where? _____

Previous Physician(s) you have seen for this problem? _____

MEDICAL HISTORY Current and past medical problems (please circle)

Anemia	Asthma	Neurological Disorder/Seizures	High Cholesterol
Diabetes	COPD	Depression	High Blood Pressure
Thyroid Disorder	Arthritis	Anxiety	Heart Trouble
Kidney Trouble	Fibromyalgia	AIDS/HIV	Stroke
Bladder Issues	Phlebitis/Blood Clots	Substance Abuse	Sleep Apnea
Ulcer/Stomach Problems	Gout	Hepatitis (Type)	Cancer (Type)
Other:			

SURGICAL HISTORY None

<u>Procedure</u>	<u>Month/Year</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

HOSPITALIZATION None

<u>Reason</u>	<u>Month/Year</u>
_____	_____
_____	_____
_____	_____
_____	_____

MEDICATIONS

NONE

List all current prescription, non-prescription medications, vitamins, and herbal products. INCLUDE even occasional use of aspirin or anti-inflammatory medication.

Name	Dosage/Strength	Times/day

ALLERGIES

NONE

INCLUDE allergies to medications and other medical products (examples: tape, latex, and iodine).

Name of Medicine or Product:	Description of Reaction:

FAMILY HISTORY

Please list any major medical conditions and if they are deceased or alive.

Father: _____

Mother: _____

Siblings: _____

Has any blood relative younger than 50 ever had unusual bleeding tendencies? NO YES
 If yes, Who and what is their age: _____

Have you or any blood relative, younger than 50, ever had a serious reaction to anesthesia? NO YES
 If yes, who and what is their age? _____

SOCIAL HISTORY

Do you now or have you ever smoked? NO YES
 If yes, how long? _____ How often? _____ Year quit? _____

Do you drink alcohol? NO YES
 If yes, average consumption a week? _____

Do you now or have you ever used drugs? NO YES
 If yes, explain: _____