NAME_____ BIRTHDAY_____

PRIMARY CARE PHYSICIAN_____

PHARMACY w/ADDRESS_____

WEIGHT_____ HEIGHT_____

REASON YOU ARE HERE TODAY _____

HISTORY

SURGICAL HISTORY:

_____

_____

_____

_____

_____

CHECK BELOW ALL THAT APPLY TO YOU

Medical History	✓
Anesthesia Complications	
Ankylosing spondylitis	
Arthritis	
Baker's cyst	
Bone cyst	
Bursitis	

Carpal Tunnel	
Fibromyositis	
Fractures	
Ganglion cyst	
Kyphosis	

Osteoarthritis	
Osteoporosis	
Paget's disease of bone	
Scoliosis	
Spondylolisthesis	

Medical Screening	✓
Alcoholism	
Anemia	
Asthma	
Cancer	
CHF	
Clotting disorder	
COPD	
Coronary artery disease	
Deep vein thrombosis	
Depression	

Diabetes mellitus	
Hepatitis	
History of blood transfusion	
HIV/AIDS	
Hypertension	
Kidney disease	
Liver disease	
Migraines	
Myocardial infarction	
Obesity	

Osteoporosis	
Pulmonary embolism	
Seizures	
Sickle cell anemia	
Sleep apnea-obstructive	
Stroke	
Substance abuse	
Thyroid disease	
TIA	
Vascular Heart Disease	

ALLERGIES & REACTIONS:_____

_____

_____

_____

Family Health History

	Mother	Father	Sister	Brother	Son	Daughter	Other
Arthritis							
Asthma							
Cancer							
Clotting Disorders							
COPD							
Diabetes							
Early Death							
Heart Disease							
Hyperlipidemia							
Hypertension							
Kidney Disease							
Osteoporosis							
Rheumatological							
Scoliosis							
Stroke							

_____

Smoking Status:

Current_____ Pack(s) per day_____

Former_____ Date quit_____

Never _____

Alcohol Use:

Current_____ Drinks per week _____

None_____

IF YOU ARE TAKING MEDICATIONS,

HERE'S WHAT YOU NEED TO KNOW:

- Be aware of your medications, and possible side effects or food interactions.
- Learn how to take your medications.
- Read all labels for dosage, date prescribed, expiration date and special instructions.
- Too many medications can cause complications when taken together. To avoid serious problems when taking prescription drugs or over-the-counter medications, make your physician or pharmacist aware of all medications you currently take.

List your prescription and non-prescription medications below, including:

- Pills, liquids, herbal, over the counter medications, eye drops, lotions, patches, suppositories, etc.

If you stop taking a medication, simply cross it out.

MEDICATION	REASON FOR USE	DOCTOR	DOSAGE	TIMES PER DAY	SPECIAL INSTRUCTIONS