



Specializing in Arthroscopic Surgery, Hand Surgery, Foot & Ankle Surgery, Spine Surgery,  
Joint Reconstruction, Sports Medicine, Podiatry, Workers Compensation

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### PATIENT HISTORY

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Referred by: \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:  M  F Age: \_\_\_\_\_ Hand Dominance:  R  L **Occupation:** \_\_\_\_\_

### PRESENT ILLNESS

**Reason for Visit:** \_\_\_\_\_ **Date of onset/injury:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Mechanism of injury: \_\_\_\_\_

**PAIN:** Where does it hurt: \_\_\_\_\_

Describe the pain: \_\_\_\_\_

Severity (1-10, 10 being very severe): \_\_\_\_\_

How often: \_\_\_\_\_

How has it changed over time: \_\_\_\_\_

What makes it better: \_\_\_\_\_

What makes it worse: \_\_\_\_\_

Associated symptoms: \_\_\_\_\_

**PRIOR TREATMENT:** Physician: \_\_\_\_\_

Medications: \_\_\_\_\_

Injections: \_\_\_\_\_

Therapy: \_\_\_\_\_

Tests/Imaging: \_\_\_\_\_

**Occupational Injury**  Y  N Work Missed:  Y  N

Last Date Worked: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Returned to Work: \_\_\_\_/\_\_\_\_/\_\_\_\_ with full / light duty

**Pharmacy Name and Location:** \_\_\_\_\_

**List all current medications:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you claustrophobic?  Mild  Moderate  Severe  No

**Drug Allergies and Reaction:** \_\_\_\_\_

\_\_\_\_\_

Anesthesia Complications: \_\_\_\_\_

**PAST MEDICAL HISTORY** Check all that apply

**CV:**  Heart Attack  Chest pain  Congestive Heart Failure  Arrhythmia  High Blood Pressure  
 Heart Murmur  Varicosities  Blood Clots

**Respiratory:**  Asthma  Emphysema  Chronic Bronchitis  Pneumonia  Asbestos

**GI:**  Ulcers  Esophagitis  Gastritis  Hiatal Hernia  Hepatitis  GERD

**Renal:**  Kidney Infections  Kidney Failure  Kidney Stones  UTI

**Cancer:** \_\_\_\_\_

**Hematologic:**  Anemia  Hemophilia  Other Bleeding Disorder \_\_\_\_\_

**Endocrine:**  Hypo Thyroidism  Hyper Thyroidism  Diabetes  Pituitary Gland Disorder

**Rheumatologic:**  Gout  Rheumatoid Arthritis  Lupus  Scleroderma  Rheumatic Fever  Psoriasis  
 Fibromyalgia

**DVT Risk Factors:**  Varicosities  Heart Disease  HBP  Obesity  Stroke  Previous Blood Clot  Diabetes

**History of MRSA**  Y  N **or Staph Infection**  Y  N

**PAST SURGICAL HISTORY** Please list

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY HISTORY** Please include mother, father, siblings, grandparents

**Anesthesia Complications:** \_\_\_\_\_

**Cardiovascular:** \_\_\_\_\_

**Cancer:** \_\_\_\_\_

**Hematologic:** \_\_\_\_\_

**Musculoskeletal:** \_\_\_\_\_

**Renal:** \_\_\_\_\_

**Diabetes/Thyroid problems:** \_\_\_\_\_

**SOCIAL HISTORY**

**Tobacco:**  Current  Nonsmoker  Former \_\_\_\_\_ years quit

**Alcohol:**  Frequent  Social  Occasional  Rare  None

**Illicit Drug Use:** Type \_\_\_\_\_ Amount \_\_\_\_\_ Frequency \_\_\_\_\_

Do you have any personal preferences/beliefs that would prevent you from receiving a blood transfusion?  Y  N

**REVIEW OF SYSTEMS** Check all that apply

**Constitutional:**  Chills  Fevers  Night Sweats  Weight Loss  Weight Gain

**Eyes:**  Near-Sightedness  Far-sightedness  Astigmatism  Double Vision  Glaucoma

**Ears:**  Hearing loss  Tinnitus  Vertigo

**Nose, Mouth, Throat:**  Rhinorrhea  Congestion  Sore Throat

**CV:**  Chest Pain  Heat Palpitations  Edema

**Respiratory:**  Cough  Wheezing  Difficulty Breathing  Coughing Blood  Shortness of Breath

**GI:**  Nausea  Heartburn  Bowel Irregularities  Hemorrhoids

**GU:**  Frequency  Hesitancy  Blood in Urine  Incontinence  Irregular Menstrual Cycle

**Musculoskeletal:**  Muscle Aches  Joint Swelling  Neck Pain  Back Pain

**Integumentary:**  Skin lesions:  Stable  Changing  Acne  Rashes

**Neurological:**  Headaches  Loss of Consciousness  Seizures  Tingling  Numbness  Gait Disturbance

**Psychiatric:**  Depression  Mood-swings  Hallucinations  Anxiety

**Endocrine:**  Excessive Thirst  Frequent Urination  Hyperactivity  Difficulty Sleeping

**Hematologic:**  Easy Bruisability  Anemia  Bloody Noses  Excessive Blood Loss  HIV Risk

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_