BONE & JOINT
SPECIALISTS
ORTHOPEDIC & SPINE CENTER

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: _____

NOTES:

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:** _____