MINOR & JAMES
MEDICAL

Medical History – Please Print

Name ____ **D.O.B** ___________ **Age** _____ **Sex** □ Male □ Female

Height __________**Weight** _________ **Primary Care Physician** ____

Marital Status: □ Single □ Married □ Divorced □ Widowed

Chief Complaint ____ **Side of Body** □ Right □ Left **Onset Date** _________

□ No injury □ Injury non-auto or work related □ Work related □ Auto related

Current occupation ____

<u>Do you or have you ever had:</u>

	Yes	No	Explain		Yes	No	Explain
Heart Trouble				Kidney Problems			
High Blood Pressure				Bladder Infections			
Stroke				Difficulty in Urination			
Blood Clots				Prostate Problems			
Anemia				Ulcer/Gastritis			
Bruising/Bleeding				Liver Problems			
Asthma				Hepatitis			
Emphysema				Seizures			
Tuberculosis				Psychiatric Care			
Diabetes				Depression			
Glaucoma				Arthritis			
Vision Problems				Cancer			
Sleep Apnea				Other			
Dizziness							
Headaches							
Numbness/Tingling							

<u>Do You:</u>

Have a family history of diabetes, cancer, heart disease, or other disease? □ Yes □ No
Disease: ______________________ Relationship: _____________________________
Does anyone in your family have any Orthopedic conditions related to your chief complaint? □ Yes □ No
Disease: ____________________ Relationship: ____
Smoke: □ Yes □ No If yes, how much? ______________ How long ?
Drink alcohol □ Yes □ No If yes, how much? ______________

Previous Operations & Dates: Please use the back for addition space

a) ____ d) ____
b)____ e) ____
c) ____ f) ____

Have you ever had any problems with surgery or anesthesia? ____

Drug Allergies: a)_______________________ **b)**____________________________ **c)**___________________________
Reactions: a)_______________________ **b)**____________________________ **c)**___________________________

Current Medications: Please use the back for additional space

a)____ **d)** ____
b) ____**e)**____
c) ____ **f)** ____

Patient Signature ______________________________________ **Physicians Signature** _________________________________

Date _____________________ **Date** _______________________