

Medical History

e:			Date	
Vhat is the main complaint	for which you are	e coming to this of	fice? 	
Present illness				
When did the pr	oblem start?			
 Are you Right or 	Left handed?			
				Same?
 What, if anything 	g makes it worse?)		
	s have you had fo	r this problem?		
What treatment —————————————————————————————————	s have you had fo	r this problem?		
 What treatment ————— Are there any ot 	s have you had fo	r this problem?		
What treatment	her symptoms ass	sociated with your	main problem?	□ Bladder
What treatment	her symptoms ass Numbness Name:	sociated with your	main problem?	□ Bladder
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	ergies or check option which applies): egy list (please provide the list to the front d	lesk receptionist)			
Allergy Type	Please describe allergion	Please describe allergic reaction severity & symptoms			
IV. SOCIAL HISTORY					
Marital Status 🔲 Single	e 🗆 Married 🗆 Divorced 🗀 Widov	wed How long?			
Present Occupation:		How long?			
Prior Work:		·····			
If Disabled: What was last o	late of work				
Exposure to Occupational D	Disease: 🗌 Yes 🗌 No When				
Do you Smoke? No Ye	s Packs per day Hov	w Long?			
Do you drink alcohol? No	Yes How often?				
/. Family History					
Mother \square Living \square F	Healthy □Died at age Caus	se			
Father \square Living \square H	Healthy □Died at age C	ause			
Past Medical History (please ch	eck all that apply):				
☐ Anemia, Chronic ☐ Anxiety ☐ Asthma ☐ Atrial fibrillation ☐ Breast Cancer ☐ Chronic Pain ☐ Colon Cancer ☐ COPD ☐ Coronary Artery Disease	 □ Diabetes, Non Insulin Dependent □ End Stage Renal Disease □ GERD □ Hepatitis □ HIV/AIDS □ High Cholesterol □ Hyperparathyroidism □ Hypertension 	 ☐ Lung Cancer ☐ Lymphoma ☐ Multiple Myeloma ☐ Obesity, Morbid ☐ Obesity ☐ PBPH ☐ Prostate Cancer ☐ Radiation Therapy ☐ Seizures 			
☐ Depression ☐ Diabetes, Insulin Dependent	☐ Hyperthyroidism t ☐ Hypothyroidism ☐ Leukemia	 □ Stroke □ None □ Other			

Past Surgical History (please che	eck all that apply):		
□ Appendix (Appendectomy) □ Bladder Removed □ Breast: Mastectomy ○ Right ○ Left ○ Both □ Breast: Lumpectomy ○ Right ○ Left ○ Both □ Colectomy: Colon Cancer Resection □ Colectomy: Diverticulitis □ Colectomy: IBD □ Colon: Colostomy □ Gallbladder Removal □ Heart: Biological Valve Replacement □ Heart: Coronary Artery	☐ Heart Transplant ☐ Heart: Mechanica Replacement ☐ Heart: PTCA ☐ Kidney Stone Ren ☐ Kidney Transplan ☐ Liver: Liver Trans ☐ Liver: Shunt ☐ Ovaries Removed Cancer ☐ Ovaries: Tubal Lig ☐ Pancreas: Pancre ☐ Prostate Remove	noval t plant : Ovarian gation atectomy d: Prostate (□ Rectum: Low Anterior Resection □ Skin: Basal Cell Carcinoma □ Skin: Melanoma □ Skin: Skin Biopsy □ Skin: Squamous Cell Carcinoma □ Hysterectomy: Caesarean □ Hysterectomy: Uterine Cancer □ Hysterectomy: Cervical Cancer □ Pancreas: Pancreatectomy □ Rectum: APR □ None □ Other
Bypass Surgery			
Past Orthopedic History (please Ankle Fracture Ankylosing Spondylitis Bursitis DISH Epidural Injections: Spine Fracture Gout Hip Fracture HNP: Cervical HNP: Lumbar Past Orthopedic Surgery (please	 □ Osteoarthritis □ Osteopenia □ Osteoporosis □ Primary Bone Sare □ Psoriatic Arthritis □ Rheumatoid Arth □ Ricketts □ RSD □ Sciatica □ Scoliosis 	coma ritis	□ Soft Tissue Sarcoma □ Spinal Stenosis: Cervical □ Spinal Stenosis: Lumbar □ Vertebral Body Compression Fracture □ Vitamin D Deficiency □ Wrist Fracture □ Metastatic Bone Disease □ Spine Fracture □ None □ Other
 □ Ankle Fracture ORIF o Right	acement	o Right o Right o Right o Right o Right o Right to Right Lumbar S Lumbar S Lumbar S Rotator C o Right	o Left o Both sty/ Vertebroplasty pine Surgery: Decompression pine Surgery: Decompression& Fusion pine Surgery: Disc Replacement

a)	REVIEV	V OF SYSTEMS
	1.	HEAD: ☐ Headache ☐ Dental Disease ☐ Earache ☐ Head Injury ☐ Upper Respiratory Infection
		□ Nose Bleed □ None
	2.	RESPIRTORY TRACT: ☐ Hoarse ☐ Wheezing ☐ Pneumonia ☐ Bronchitis ☐ TB ☐ Chronic Cough
		☐ Spitting up blood ☐ None ☐ Other Last Chest X-ray:
	3.	CARDIAC: □Angina □Hypertension (high blood pressure) □Arrhythmia □Heart Murmur
		□Palpitations □Edema □Enlarged Heart □None Last EKG
		Special Diagnostic Tests Results
	4.	GI (Gastro-intestinal): ☐ Anorexia ☐ Bowel habit Change ☐ Nausea ☐ Constipation ☐ Jaundice
		□Cramps □Hemorrhoids □ Heartburn □Diarrhea □Abdominal Pain □Indigestion □Hernia
		☐ Hematemesis (Vomiting Blood) ☐ Black or Bloody Stool ☐ None ☐ Other
	5.	GU (Genito-Urinary):
a)	Male/	Female : \square Dysuria (Difficulty Urinating) \square Hematuria (blood in urine) \square Facial Edema (swelling)
	□Noct	urnia (urinating at night) □Urinary Retention □Frequency □Back Pain □Stones □None
	□Othe	er
b)	Female	e: Last Menstral Period
	6.	Neuro- Muscular: □ Dizziness □ Abnormal Gait □ Memory Problems □ Syncope □ Unconsciousness
		☐ Weak Spell ☐ Vertigo ☐ Paresthesias (abnormal sensation) ☐ Joint Pain ☐ Convulsions ☐ Tremor
		□Arthritis □None □ Other
	7.	Emotional: □ Personality Change □ Nervous Breakdown □ Depressed □ Psychiatric Treatment
		□None □ Other
	8.	Symptoms or Diseases not listed:

Patients Signature Date