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## Department of Orthopedic Surgery Medical History

Patient Label	Referring
	Physician
	1 Hysician
	Medical
	Doctor
	<u>ALLERGIES</u>
AgeOccupation	
CHIEF COMPLAINT	MEDICAL HISTORY
CHIEF COMPERMINE	
	List your current medical problems:
HISTORY OF PROBLEM	
IIISTORT OF FRODLEM	
How long or date of injury?	
Briefly describe problem and previous treatments:	
	SURGICAL HISTORY
	List your past surgeries and month / year:
	Dist your past surgeries and month, your.
MEDICATIONS	
<u>MEDICATIONS</u>	
List all current medications:	
	SOCIAL
	Have you used tobacco? Y N
	Have you consumed alcohol? Y N
	Have you used IV drugs? V N

PERTINENT SYSTEMIC REVIEW	Respiratory
Please indicate if you have recently had problems in any the	□ ASTHMA
following areas: (if in doubt, leave blank)	□ COPD OR EMPHYSEMA
following areas. (If ill doubt, leave blank)	
	☐ SHORTNESS OF BREATH
	□ ARDS 9RESPIRATORY DISTRESS SYNDROME)
Constitutional	
□ PERSISTENT FEVER	□ PUMONARY EMBOLISM
	☐ FAT EMBOLISM
□ CHILLS	
□ NAUSEA	
□ VOMITING	Digestive
□ NIGHT SWEATS	☐ HEARTBURN OR INDIGESTION
□ FATIGUE	☐ GASTRIC ULCERS OR PEPTIC ULCERS
□ WEIGHT LOSS	☐ CHRONIC CONSTIPATION
	□ CHRONIC DIARRHEA
□ ANEMIA	
☐ UNEXPAINABLE ITCHING	□ VOMITING BLOOD
□ CANCER	□ RECTAL BLEEDING
CANCER	
	☐ BLACK TAR LIKE STOOLS
Cardiovascular	☐ IRRITABLE BOWEL SYNDROME
□ CONGESTIVE HEART FAILURE	
□ VALVE DISORDER	Neurological / Psychological
	□ DIZZINESS
☐ IRREGULAR HEART BEAT	
□ PACEMAKER	□ SEIZURES
☐ CHEST PAIN OR ANGINA	☐ IMBALANCE OR FREQUENT FALLS
	☐ FAINTING OR LIGHTHEADEDNESS
☐ HEART ATTACK OR MYOCARDIAL INFARCTION	
☐ HIGH BLOOD PRESSURE	□ NEUROPATHY OR CHANGE IN SENSATION
□ LEG SWELLING OR EDEMA	☐ GUILLAIN-BARRE SYNDROM
	□ MUSCLE WEAKNESS
□ VENOUS INSUFFECEINCY OR VARICOSE VEINS	
□ PERIPHERAL VASULAR DISEASE	□ CEREBRAL PALSY
	□ NEUROFIBROMATOSIS
☐ BLOOD CLOT OR THROBOSIS	□ SPINA BIFIDA
□ BLUE FINGERS (EG. RAYNAUDS, ETC.	
· ·	□ MUSCULAR DYSTOPHY
	□ DOWN'S SYNDROM
Metabolic / Endocrine	☐ HERNIATED DISC OR RADICULOPATHY
☐ HYPERTHYROD (OVERACTICE THYROID)	
	□ PARALYSIS
☐ HYPOTHYROID (UNDERACTICE THYROID)	☐ CHARCOT MARIE TOOTH SYNDROM
□ DIABETES	
	- SCOLIOSIS
☐ MENSTRUAL IRREGULARITIES	
☐ STEROID TREATMENT	Urinary
□ GOUT	
	☐ INCONTINENCE OR ACCIDENTAL WETTING
□ PSEUDOGOUT	□ RETENTION OR INCOMPLETE VOIDING
□ OSTEOPOROSIS	
☐ HYPERCALCEMIA OR HYPOCALCEMIA	□ RENAL FAILURE
□ RICKETS	
□ HYPERPARATHYROID	
	Musculoskeletal
	□ JOINT STIFFNESS
Infection and immunology	
□ POLIO	☐ JOINT CONTRACTURES OF REDUCED MOTION
	□ OSTEOARTHRITIS
☐ TUBERCULOSIS OR POSITIVE PPD	□ NEUROPATHIC ARTHRITIS (CHARCOT)
☐ CHICKEN POX OR HIVES	
□ HERPES	☐ HEMORRHAGIC ARTHRITIS (HEMOPHLIA, SICKLE CELL
	OR PVNS)
☐ URINARY TRACT INFECTION	☐ AVASCULAR NECROSIS OR PERTHES DISEASE
□ DIABETIC ULCER	
□ CELLULITIS (SKIN INFECTION)	☐ OSTEOCHONDRITIS DESSICANS
` '	□ BURSITIS
□ HEPATITIS	□ JOINT PAIN
☐ HIV OR AIDS	□ BONE PAIN
□ BRONCHITIS OF PHEUMONIA	
	☐ MUSCLIE PAIN
☐ SINUSITIS OR UPPER RESPIRATORY INFECTION	☐ GROWTH DISORDER
☐ LYME DISEASE	☐ HIP DYSPLASIA
□ SEXUALLY TRANSMITTED DISEASE	
	☐ BLOUNT'S DISEASE
☐ SEPTIC ARTHRITIS (INFECTED JOINT)	☐ SCFE (SLIPPED CAPITAL FEMORAL EPIPHESIS)
☐ FUNGAL OR YEAST INFECTION	☐ CLUBFOOT
A CLITE DIJELIMATIC PEVED	☐ PES PLANUS OR FLATFOOT
□ ACUTE RHEUMATIC FEVER	□ BROKEN BONES
□ RHEUMATOID ARTHRITIS	
□ POLYMYAGLIA RHEUMATICA	☐ SPRAINS OR INJUR
□ LUPUS	
□ REITERS SYNDROME	
□ PSORIASIS	
☐ ANKLYLOSING SPONDYLITIS	
□ CROHN'S DISEASE	
☐ CHRONIC FATIGUE SYNDROM	
- CHROMIC INTIQUE OTHEROM	