

# ORTHOPAEDIC MEDICAL HISTORY FORM

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

**MEDICAL HISTORY:**

Please mark yes if you have now or have had any of the following conditions:

IF ALL NEGATIVE CHECK HERE

CONDITION	YES
ANEMIA	
BLEEDING DISORDER	
CANCER	
HEART	
DIABETES	
STOMACH	
HIGH BLOOD PRESSURE	
LIVER	
MENTAL ILLNESS	
LUNG	
KIDNEY	
STROKE	
BLOOD CLOTS	

**SURGICAL HISTORY:**

IF NONE CHECK HERE

NAME/YEAR

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

**MEDICATIONS:**

NAME/STRENGTH

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

**ALLERGIES TO MEDICINE:**

- LIDOCAINE  BETAMETHASONE  
 DEPO-MEDROL  CORTICOSTEROIDS

OTHERS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SOCIAL HISTORY:**

OCCUPATION:

**SMOKING STATUS:**  YES

NEVER  PREVIOUS  CHEWS

**ALCOHOL:**  NEVER  PREVIOUS

SOCIAL  MOD/HEAVY

**MARITAL STATUS:**  SINGLE

MARRIED  DIVORCED

SEPARATED  WIDOWED

PRESENTLY LIVING ALONE

**FAMILY HISTORY:**

	YES	WHO
Heart		
Blood Pressure		
Diabetes		
Bleeding Disorder		
Cancer		
Other		

**REVIEW OF SYSTEMS:**

HAVE YOU RECENTLY HAD OR DO YOU HAVE NOW:

IF ALL NEGATIVE CHECK HERE

GENERAL	YES
Decrease in appetite	
Increased appetite (polyphagia)	
Recent change in weight	
Chills (as a symptom)	
Fever (as a symptom)	
Excessive sweating	
<b>HEAD SYMPTOMS</b>	
Headache	
Reported trauma head	
<b>EYE SYMPTOMS</b>	
Use of reading glasses	
Change in vision	
Seeing double (diplopia)	
<b>ENT SYMPTOMS</b>	
Loss of hearing	
ringing in the ears (tinnitus)	
Gum symptoms	
Bleeding gums	
Nosebleeds (epistaxis)	
Hoarseness	
Difficulty swallowing (dysphagia)	
Cough worse in the morning	
Tooth Pain	
<b>RESPIRATORY</b>	
Difficulty breathing (dyspnea)	
Cough	
Shortness of breath	
Coughing up blood (hemoptysis)	
<b>HEART</b>	
Chest pain or discomfort	
Heart rate is fast	
Difficulty breathing during exertion	
<b>DIGESTIVE SYSTEM</b>	
Abdominal pain	
Nausea	
Vomiting	
Bloating	
Diarrhea	
Constipation	
Red blood in bowel movement (hematochezia)	
Belching	

MUSCLE/BONES	YES
Muscle pain	
Muscle aches	
Muscle weakness	
Joint swelling, localized	
Back pain	
<b>NERVOUS SYSTEM</b>	
Dizziness	
Fainting (syncope)	
Convulsions (as sx)	
Blackouts	
Nervous exhaustion	
Numbness/tingling	
Numbness (hypesthesia)	
<b>SKIN</b>	
Skin rash	
Skin lesions (sx)	
<b>EMOTIONAL STATUS</b>	
Anxiety	
Mood changes	
Depression	
Insomnia	
<b>ENDOCRINE/GLANDS</b>	
Thyroid problems	
Temperature intolerance to heat (consistent)	
Temperature intolerance to cold (consistent)	
Diabetes	
Excessive thirst/fluid intake (polydypsia)	
Excessive hunger	
Urinary frequency increased	
<b>BLOOD/LYMPH SYSTEM</b>	
Anemia	
Easy bruising tendency	
Easy bleeding	
Swollen glands	
<b>MALE URINARY SYSTEM</b>	
Penile discharge	
Delays in starting urination (hesitancy)	
Blood in urine	
Urinary frequency more than twice at night (nocturnal)	
<b>FEMALE URINARY SYSTEM</b>	
Normal menstruation within last 30 days	
Menopause has occurred	
Vaginal discharge	
Delays in starting urination (hesitancy)	
Blood in urine	