



Patient History Worksheet

This practice utilizes an electronic method of medical record keeping. This worksheet will assist our physicians and nurses in entering your medical history into your new electronic chart. As always, your personal information will be held in the most confidential manner. Please complete the following sections (check all that apply):

Patient's Name: _____ Today's Date: _____ Date of Birth: _____

PAST MEDICAL HISTORY:

- | | | |
|---|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Diabetes, type 2 | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Acid Reflux | <input type="checkbox"/> Diverticular disease | <input type="checkbox"/> Parkinson's disease |
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Eczema | <input type="checkbox"/> Peptic ulcer disease |
| <input type="checkbox"/> Alzheimer's disease | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Peripheral vascular disease (PVD) |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Fractures | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Gout | <input type="checkbox"/> Psoriasis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hepatitis <input type="checkbox"/> A <input type="checkbox"/> B and/or <input type="checkbox"/> C | <input type="checkbox"/> Renal Failure |
| <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Rheumatoid arthritis |
| <input type="checkbox"/> Breast cancer | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Seizure disorder |
| <input type="checkbox"/> Cancer, skin | <input type="checkbox"/> Kidney stones | <input type="checkbox"/> Sickle cell anemia |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Lung disease | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) | <input type="checkbox"/> Lupus | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Mitral valve prolapse (MVP) | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Congestive heart failure (CHF) | <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Valvular heart disease |
| <input type="checkbox"/> Coronary artery disease (CAD) | <input type="checkbox"/> Obesity | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Diabetes, type 1 | <input type="checkbox"/> Osteopenia | <input type="checkbox"/> _____ |

PAST SURGICAL HISTORY:

- None
- Adenoidectomy
- Appendectomy
- Bowel resection
- Breast surgery
- CABG (Heart Bypass)
- Carotid endarterectomy
- Cataract Surgery
- Cesarean section
- Cholecystectomy (Gall Bladder)
- Coronary artery angioplasty
- Hernia Repair
- Hysterectomy
- Lumpectomy
- Mastectomy (Breast Removal)
- Removal of one or both ovaries
- Sinus surgery
- Tonsillectomy
- TURP (Prostate)

PAST ORTHOPEADIC HISTORY:

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Lumbar spine procedure |
| <input type="checkbox"/> ACL reconstruction | <input type="checkbox"/> Lumber surgery |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Meniscal repair |
| <input type="checkbox"/> Arthroplasty | <input type="checkbox"/> Meniscectomy |
| <input type="checkbox"/> Arthroscopy | <input type="checkbox"/> Neck surgery |
| <input type="checkbox"/> Arthroscopic partial lateral meniscectomy | <input type="checkbox"/> Nerve repair |
| <input type="checkbox"/> Arthroscopic partial medial meniscectomy | <input type="checkbox"/> Open reduction internal fracture fixation |
| <input type="checkbox"/> Bunionectomy | <input type="checkbox"/> Pin Fixation |
| <input type="checkbox"/> Carpal tunnel release | <input type="checkbox"/> Rotator cuff repair |
| <input type="checkbox"/> Cervical spine procedure | <input type="checkbox"/> Tendon repair |
| <input type="checkbox"/> Disk fusion | <input type="checkbox"/> Thoracic spine procedure |
| <input type="checkbox"/> Excision | <input type="checkbox"/> Total hip replacement |
| <input type="checkbox"/> External fracture fixation | <input type="checkbox"/> Total knee replacement |
| <input type="checkbox"/> Fasciectomy | <input type="checkbox"/> Total shoulder replacement |
| <input type="checkbox"/> Fracture repair | <input type="checkbox"/> Trigger finger release |
| <input type="checkbox"/> Joint fusion | <input type="checkbox"/> Ulnar nerve decompression |
| <input type="checkbox"/> Lumbar laminectomy | <input type="checkbox"/> _____ |



Patient History Worksheet

CURRENT MEDICATIONS:

None

Drug Name	Dose	Frequency

MEDICATION ALLERGIES

None

- | | | |
|--|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Ace inhibitors | <input type="checkbox"/> Lortab | <input type="checkbox"/> Tylox |
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Morphine | <input type="checkbox"/> Vicodin |
| <input type="checkbox"/> Amoxicillin | <input type="checkbox"/> NSAIDS | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Oxycontin | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Caine's (lidocaine, etc.) | <input type="checkbox"/> Penicillin | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Cephalosporins | <input type="checkbox"/> Percocet | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Codeine | <input type="checkbox"/> Percodan | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Demerol | <input type="checkbox"/> Phenytoin | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Erythromycin | <input type="checkbox"/> Sulfa | |
| <input type="checkbox"/> Lorcet | <input type="checkbox"/> Tetracycline | |

MARITAL STATUS

- Divorced
- Engaged
- Married
- Separated
- Single
- Widowed

ALCOHOL HISTORY

- Daily
- Moderately
- Never
- Rarely

TOBACCO HISTORY

- Never smoked
- Not currently smoking
- Smoke _____ packs/day
- Chew tobacco

OCCUPATION HISTORY

- Student
- Retired
- Homemaker
- Disabled
- Not presently employed
- _____
- _____
- _____

DOMINANT HAND

- Right handed
- Left handed
- Ambidextrous

FAMILY HISTORY

- Anemia
- Anesthesia difficulties
- Bleeding disorders
- Cancer
- Congenital anomalies
- Diabetes
- Heart disease
- Osteoarthritis
- Osteoporosis
- Rheumatoid arthritis

Signature: _____