EAST ALABAMA ORTHOPAEDICS & SPORTS MEDICINE

MEDICAL HISTORY QUESTIONNAIRE

Patient Name _____ Chart# _____

Date of birth _____ Age _____ Sex _____ Height _____ Weight _____

(**For office use only:** BP _____ Pulse _____)

Who referred you for this visit; if not referred, please indicate _____

Reason for seeing Doctor: _____ _____Injury? Yes or No

Worker's Comp _____ Auto Accident _____ Sports _____ Date of Injury/Onset_____

Past Medical History

Do you have, or have you had, any of the following: (**PLEASE CIRCLE**)

Diabetes High blood pressure Heart condition Seizure Sleep apnea Ulcer Cancer Blood or bleeding disorder

Phlebitis or blood clots Stroke Asthma Emphysema Complication of anesthesia Kidney stones

List other medical conditions and/or illnesses not mentioned above _____

_____

List reasons for hospitalizations and/or surgeries with dates and any complications _____

_____

List any significant injuries you have sustained _____

List current medications _____

_____

List any **Drug Allergies** _____ / **Latex Allergy**? Yes or No

Family History (if deceased, please provide age and cause)

Age(s) and overall health of parents _____

Age(s) and overall health of sibling(s) _____

List any significant family health problems _____

Social History

Marital status _____ Education (Years/Degrees) _____

Alcohol use (type/amount) _____ Tobacco use (amount/years used) _____

Employer _____ Occupation _____

Review of Systems (**Circle positive symptoms** and describe and/or add others, if needed.)

Constitutional: Fever, weight gain/loss, loss of appetite

Eyes: Double vision, blurring, difficulty seeing

ENT: Deafness, sinusitis, hoarseness, vertigo

Cardiovascular: Chest pain, murmur palpitations, irregular/rapid heartbeat

Respiratory: Shortness of breath, wheezing, spitting blood, chronic cough

Digestive: Abdominal pain, constipation, diarrhea, bleeding

Urologic: Pain when urinating, hesitancy, bleeding, incontinence

Skin: Rashes, lesions that do not heal, changes in moles

Gynecologic: Breast masses, pain, discharge, problems

Neurologic: Seizures, loss of balance/coordination, paralysis, weakness, loss of memory

Psychiatric: Depression, anxiety, hallucinations, sleep disturbances

Endocrine: Excessive thirst, excessive urination, heat/cold intolerance

Blood and Lymph: Anemia, bleeding tendencies, swollen nodes

Allergic and Immunologic: Hives, eczema, itching

Musculoskeletal: Stiffness, joint pain/deformity, muscle wasting, spine pain radiating to arm/leg

Other: _____

_____

_____ _____ _____ _____

Patient Signature **Date** **Physician Signature** **Date**