Northtowns Orthopedics PC Medical History Date:_____

Name:_____

Who referred you to Northtowns Orthopedics?_____

History of Present Illness: Your Chief Complaint today is? _____

When did the problem begin?_____

Current problem a result of (check all that apply):

___Car Accident __Work related Accident/Injury ___Other Accident ___ Sports Injury

Other:_____

Current Pharmacy Name:_____ Address: _____

Current Medications: ☐ See Self Provided Sheet

Allergies to Medication:

Medication Reaction

Allergy to Latex? Yes____ No____ Height: _____ Weight: _____

Employment: Off Work due to this injury/Problem? No__ Yes___ Date off work_____

Full time__ Part Time__ Retired__ Student__ Unemployed__ Disabled__ Laid off__

Working Full Duty?___ Restricted Duty/restrictions_____

Job Description/Title and Requirements_____

Tobacco: __ Yes ___ No Never__ Quit__/Date Quit_____ How Many packs per day?_____

Alcohol: Daily__ (Number) __ Weekly__(Number) __ Monthly__ (Number)__ Yearly___

Residence: Home__ Stories __ Apartment __ Assisted Living __ Nursing Home/Assisted

Live Alone__ With Spouse__ Children__ Other____

Children No__ Yes__ Number___

Reviewed by:_____ Date_____

Northtowns Orthopedics Medical History Name:_____ Date_____

Review of Systems/Past medical problems you have had (check any that apply to you):

__High Cholesterol	__High Blood Pressure	__Spine Problem
__Heart Problems	__Chest Pain	__Breathing Problem
__Heart Attacks	__Heart Failure	__Kidney Problem
__Atrial Fibrillation/ Arrhythmia	__Bypass Surgery/Angiogram/Stents	__Digestion Problem
__Circulatory Problems	__DVT/Lung Embolism (PE)	__Endocrine Problem
__Peripheral Vascular Disease	__Stroke	__Arthritis
__Bleeding Problem	__Cancer: Type _____ Year_____	__Liver Problem
__Infection	__Psychological Problem	Pregnant: YES NO

Past Medical History: Please list any other Current or Past Medical Problems

Past Surgical History: Please list any Operation and the year

Family History:

	Medical problems		Sex	Age	Major Medical Problems
Mother A/D Age__	_____	Siblings	____	___	_____
Father A/D Age__	_____		____	___	_____
			___	___	_____
			___	___	_____
			___	___	_____

Reviewed by:_____ Date_____