

**PATIENT HISTORY**

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

**Patient's Past Medical History:** (circle)

Heart: Stroke High blood pressure Heart attack Heart valve disease High cholesterol  
NAME OF CARDIOLOGIST: \_\_\_\_\_

Lung: Pneumonia Bronchitis COPD Tuberculosis Asthma  
Other: \_\_\_\_\_

General: Diabetes Migraines Stomach Ulcers Acid Reflux Hernia Depression  
AIDS or HIV Anemia Hepatitis Thyroid disease Kidney Disease Arthritis  
Other: \_\_\_\_\_

Cancer (what type) \_\_\_\_\_

**Patient's Past Surgery History:**

\_\_ Joint replacement (type) \_\_\_\_\_ \_\_ Arthroscopy (type) \_\_\_\_\_

\_\_ Heart surgery (type) \_\_\_\_\_ \_\_ Biopsy (type) \_\_\_\_\_  
\_\_ Pacemaker \_\_\_\_\_ \_\_ Stents \_\_\_\_\_

\_\_ Hysterectomy \_\_\_\_\_ \_\_ Tonsils \_\_\_\_\_ \_\_ Gall bladder \_\_\_\_\_ \_\_ Appendix \_\_\_\_\_ \_\_ Hernia \_\_\_\_\_ \_\_ Spinal  
Other: \_\_\_\_\_

**Medications (dosage & freq.):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Drug Allergies:** \_\_\_\_\_

**Social History:** Marital Status: \_\_\_\_\_ # of Children: \_\_\_\_\_ Occupation: \_\_\_\_\_

Smoker: # of years \_\_\_\_\_ Packs/Day: \_\_\_\_\_ Alcohol: Drinks/week \_\_\_\_\_

**Family Medical History:**

Father (illness): \_\_\_\_\_

Mother (illness): \_\_\_\_\_

General: \_\_ Diabetes \_\_ Heart disease \_\_ Cancer (type) \_\_\_\_\_

Other: \_\_\_\_\_