

Medical History

Name: _____

Age: _____

Sex: _____

Allergies

PCN Codeine Sulfa

Other _____

Past Medical History

- Hypertension
- Diabetes
- Heart Disease
- Congestive Heart Failure
- Asthma
- Reflux
- Ulcers
- Vascular Disease
- COPD
- Gout
- Rheumatoid Arthritis
- _____
- _____

Past Surgical History

- | Procedure | When |
|--|-------|
| <input type="checkbox"/> Cardiac Bypass | _____ |
| <input type="checkbox"/> Gall Bladder Removal | _____ |
| <input type="checkbox"/> Appendectomy | _____ |
| <input type="checkbox"/> Hernia Repair | _____ |
| <input type="checkbox"/> Pacemaker | _____ |
| <input type="checkbox"/> R/L Total Knee | _____ |
| <input type="checkbox"/> R/L Total Hip | _____ |
| <input type="checkbox"/> R/L Knee Scope | _____ |
| <input type="checkbox"/> Carpal Tunnel Release | _____ |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | _____ |

Social History

- Smoke Alcohol Abuse
- Chew Tobacco Illegal Drugs
- Uses Walker Uses Cane
- Uses Wheelchair Lives at Home
- In Nursing Home Assisted Living

Family History

- Heart Disease Lupus
- Rheumatoid Arthritis Gout
- Muscular Dystrophy Diabetes
- Osteogenesis Imperfecta
- Charcot-Marie-Tooth

Medications

Dose

Frequency

- | | | |
|----|-------|-------|
| 1 | _____ | _____ |
| 2 | _____ | _____ |
| 3 | _____ | _____ |
| 4 | _____ | _____ |
| 5 | _____ | _____ |
| 6 | _____ | _____ |
| 7 | _____ | _____ |
| 8 | _____ | _____ |
| 9 | _____ | _____ |
| 10 | _____ | _____ |