

MEDICAL HISTORY Check all items that apply • past and present

Personal: Ht _____ Wt _____ (Gaining Losing) Dominant hand: Right Left

Do you use?

Coffee Yes No

How much _____

Tobacco Yes No

How much _____

Alcohol Yes No

How much _____

Recreational drugs: Marijuana Cocaine

Amphetamines Heroin Other

How much _____

How often _____

HEAD

- Headaches
- Skull Fracture
- Concussion
- Brain Surgery
- Brain Tumor

EYES

- Glasses
- Contacts
- Cataracts
- Glaucoma
- Blindness
- Eye Surgery
- Use eye drops

EARS

- Infection
- Hearing loss
- Dizziness due to inner ear
- Ringing
- Pain

NOSE

- Difficulty breathing
- Hay fever
- Sinusitis
- Bleeding
- Loss of smell

MOUTH AND THROAT

- Dental Problems
- Dentures
- Trouble swallowing
- Tonsillitis

NECK

- Pain
- Injury
- Disc problem
- Arthritis
- Thyroid problem
- Tumor

CHEST

- Pneumonia
- Bronchitis
- Cough
- Asthma
- Emphysema
- Shortness of breath
- Coughed up blood
- Tuberculosis
- Smoker
- Other lung disease

CARDIOVASCULAR

- Heart Murmur
- Irregular heartbeat
- Angina
- Abnormal EKG
- Heart attack
- Heart surgery
- Congestive heart failure
- High blood pressure
- Shortness of breath with exercise
- Vascular surgery (including angioplasty)
- Circulation problem
- Thrombophlebitis (inflammation of veins)

GASTROINTESTINAL

- Stomach problem
- Ulcer
- Food intolerance
- Loss of appetite
- Vomiting
- Nausea
- Gallstones
- Hepatitis
- Pancreatitis
- Diabetes
- Constipation
- Diarrhea
- Bloody or black stools
- Colitis, diverticulitis, irritable bowel
- Hemorrhoids

URINARY

- Kidney infection
- Kidney failure
- Bladder infection
- Renal stones
- Bloody urine
- Loss of control
- Decreased urinary stream
- Problem holding urine
- Prostate problems

REPRODUCTIVE SYSTEM

- Presently Pregnant
- Number of pregnancies _____
- Post menopausal
- Menstrual disorder
- PMS
- Reproductive infection

MUSCULOSKELETAL

- Other bones or joints that bother
- Osteomyelitis (bone infection)
- Arthritis of any kind
- Joint pain
- Joint swelling
- Joint stiffness
- Fractures or broken bones
- Dislocations
- Ligament injuries
- Tendinitis
- Bursitis
- Muscular weakness
- Spine pain or sciatica
- Fibromyalgia

NERVOUS SYSTEM

- Tremor
- Convulsions
- Blackout spells
- Memory loss
- Balance disturbance
- Paralysis
- Muscle weakness
- Sensory loss or numbness
- Depression
- Anxiety
- Multiple sclerosis
- Psychiatric treatment of any kind

SKIN

- Rash
- Itchiness
- Infection
- Tumors
- Moles of concern
- Psoriasis
- Eczema

BLOOD

- Anemia
- Bleeding disorder
- Problem with transfusion
- Leukemia
- Immune deficiency
- Other blood problem

PATIENT INFORMATION SHEET

EASTSIDE ORTHOPEDICS

6542 SE Lake Rd., Ste. 201 Tel: (503) 659-17
Milwaukie, OR 97222 Fax: (503) 659-75

TODAY'S DATE _____

NAME _____ AGE _____ SEX _____ MARITAL STATUS: M S W D

OCCUPATION _____ EMPLOYER _____ HOW LONG _____

EDUCATION: (Circle highest level attended) High School: 1 2 3 4; College: 1 2 3 4; Other: _____

TODAY'S VISIT IS FOR: TREATMENT CONSULTATION Referred by: _____

What part of the body are we seeing you for today? _____

In your opinion what is the main cause of your problem:

- On-the-Job injury Motor vehicle accident Infection Age-related
- Home accident Third party injury Tumor Unknown
- Sports injury Illness Arthritis Gradual Onset
- Other _____

Have you had this problem before? Yes No When? _____

How was it treated and who treated it? _____

Is litigation involved? Yes No Might be Name of attorney: _____

List **medication ALLERGIES** and what your reaction is to them (shortness of breath, rash, etc.)

List all **MEDICATIONS** you are **now** taking (including prescription, nonprescription, herbal, other)

<u>Medication</u>	<u>Dosage</u>	<u>Medication</u>	<u>Dosage</u>
-------------------	---------------	-------------------	---------------

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

List **all** hospitalizations or serious operations, illnesses, injuries or therapy treatments.

<u>Treatment</u>	<u>Year</u>	<u>Treatment</u>	<u>Year</u>
------------------	-------------	------------------	-------------

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Explain any problems with anesthesia: _____

FAMILY HISTORY

- Same or related problem? Explain _____
- Congenital or hereditary conditions
- Birth defects
- CANCER**