

BLOUNT ORTHOPAEDIC ASSOCIATES, P.A.
MEDICAL HISTORY

Date: _____

Referring Physician: _____ Primary Care Physician: _____

Patient's Name _____ Age _____ Sex _____

Height _____ Weight _____ Pulse _____ Occupation _____

Why Are You Here? (What are your symptoms?)

Is this due to an accident? Yes or No Did you get hurt at work? Yes or No

When did this start? _____

Did you go to the emergency room? Yes or No Where _____ When _____

Has someone done X-Rays? Yes or No Who _____ When _____

ALLERGIES (List allergies and reactions)

PAST MEDICAL HISTORY (CIRCLE Y-YES N-NO)

Heart Disease	Y	N	
High Blood Pressure	Y	N	
Stroke	Y	N	
Diabetes	Y	N	
Lung Disease	Y	N	TYPE _____
Tuberculosis	Y	N	
Seizure Disorder	Y	N	
Ulcers Kidney Disease	Y	N	
HIV/AIDS	Y	N	
Hepatitis	Y	N	TYPE _____
Cancer	Y	N	TYPE _____

MEDICATIONS (List drug, how much you take and how often you take it)

Reviewed By: _____

Date: _____

Have you been screened for osteoporosis? Yes or No? _____

Do you smoke? Yes or No How many packs per day? _____

Do you drink alcohol? Yes or No How much in a day? _____

Have you taken any over the counter medications within the past six months? Please List: _____

Past Surgical History (Describe and give date)

Do you have a family history of rheumatoid arthritis? Yes or No

If yes, who _____

REVIEW OF SYMPTOMS (Have you experienced any of the following in the past 6 months?)

GENERAL						
WEIGHT GAIN	WEIGHT LOSS	FEVER/CHILLS	NONE			
CHEST						
SHORTNESS OF BREATH	CHRONIC COUGH	WHEEZING	NONE			
CARDIAC						
LOWER EXTREMITY SWELLING	FAST / SLOW HEARTBEATS					
CHEST PAIN	WEAKNESS		NONE			
GI						
NAUSEA / VOMITING	ABDOMINAL PAIN	HEARTBURN				
DIARRHEA	CONSTIPATION	CHANGE IN BOWEL HABITS	NONE			
GU						
URINE LEAKAGE	CHANGE IN BLADDER HABITS	NONE				
JOINT MUSCLES / NUMBNESS						
JOINT PAIN / STIFFNESS	MUSCLE WEAKNESS	BACK PAIN	NUMBNESS	NONE		
NEUROLOGICAL						
NUMBNESS	HEADACHES	TINGLING	DIZZINESS	NONE		
ENT						
SINUS	COLD	CONGESTION	DRAINAGE	NONE		
SKIN						
RASH	ITCHING	BRUISING	NONE			
PSYCHOLOGICAL						
DEPRESSION	ANXIETY	NONE				
EYES						
BLURRED	LOSS	DRYNESS	DOUBLE VISION	ITCHING	BURNING	NONE