SOUTHWEST ORTHOPAEDIC GROUP©
MEDICAL HISTORY

All sections must be completed. If not applicable, please indicate as "N/A".

Last Name _____ First Name _____ M.I. _____ ☐Male ☐Female

Date Of Birth _____/_____/_____ Age_____

Primary Physician (provide first & last name)_____ Height_____ Weight_____ Temp _____

ILLNESSES (Check yes or no. Provide details to all yes answers)

Yes	*No*	*Details Medication*
☐	☐	High Blood Pressure_____
☐	☐	Heart Problems/Pacemaker/Chest Pain_____
☐	☐	Diabetes_____
☐	☐	Cancer_____
☐	☐	Asthma/Lung Disease/Shortness of Breath_____
☐	☐	Hepatitis/Liver Disorders_____
☐	☐	Thyroid Problems_____
☐	☐	Bleeding Problems/Stroke_____
☐	☐	Blood Clots/Phlebitis_____
☐	☐	Kidney Disease_____
☐	☐	Frequent Bladder Infections_____
☐	☐	Stomach Ulcer/Bleeding_____
☐	☐	Depression/Mental Illness_____
☐	☐	Recent Weight Change_____
☐	☐	Eyes, Vision Change_____
☐	☐	Ear, Nose, Throat, Mouth Problems_____
☐	☐	Seizure_____
☐	☐	Osteoporosis_____
☐	☐	Numbness/Tingling_____
☐	☐	Other Illness/Hospitalization_____
		_____
☐	☐	Previous Bone or Joint Problems_____
		_____
☐	☐	Other Sports Injury_____

DRUG ALLERGIES (check yes or no)

Yes *No*

☐ ☐ If yes, provide details_____

_____

MEDICATIONS (current/recent)

Name of Med.	*Dosage*	*Frequency*

Yes *No*

☐ ☐ **PREVIOUS SURGERY** (type and dates)_____

_____

☐ ☐ **FAMILY HISTORY** (illness, reactions to anesthesia) _____

_____

☐ ☐ **RECENT TEST RESULTS** (EKG, chest x-ray, blood or HIV tests, etc.)_____

_____

☐ ☐ **RECENT ILLNESSES OR SYMPTOMS** _____

_____

☐ ☐ **SMOKE?** (pack/day)_____

☐ ☐ **DRINK?** (how often?)_____

WOMEN ONLY

Pregnant? _____

Birth Control (type) _____

Date Last Period Started _____

Normal? _____

NOTE: This is a confidential record of your medical history and will be kept in this office. Information contained here will not be released to any person, except when you have authorized us to do so. I have read and answered completely and accurately.

SIGNATURE: _____ DATE: _____

For Office Use only

	Date	***Initials***				
History Reviewed / Updated	_____		Weight_____	Blood Pressure_____	Temp_____	
History Reviewed / Updated	_____		Weight_____	Blood Pressure_____	Temp_____	
History Reviewed / Updated	_____		Weight_____	Blood Pressure_____	Temp_____	
History Reviewed / Updated	_____		Weight_____	Blood Pressure_____	Temp_____	

Rev. 11/04