PATIENT HISTORY WORKSHEET

Date: ___________

Name: _____________________ **Referring Doctor: _________________**

PRESENT HISTORY

1. **Area of body to be examined _____________ Which side? Left ___ Right ____**
2. **Date of injury or onset of problem? ____________________________**
3. **If injury where it took place? HOME__ SCHOOL __ WORK __OTHER ___**
4. **Describe your problem today?**

___

___

___

PAST HISTORY

5. **List all other medical problems.**

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6. **List all previous orthopedic problems. Fractures, sprains, back injuries, etc.**

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7. **List all previous surgeries and the dates?**

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8. **List all medications and dosages. Include any pain medication or Aspirin**

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9. **List all medicines to which you are allergic**

____

____

____

10. **List other allergies you have (food, dust, etc…)**

____

____

____

PERSONAL INFORMATION

Do you drink alcoholic beverages? ___ **NEVER** ___ **OCCASIONALLY** ___ **DAILY**

Specially type____________________

Do you now smoke? YES/NO **How much?** ____________

Did you ever smoke? YES/NO **Year stopped**___________

Marriage Status ___ **SINGLE** ___ **MARRIED** ___ **DIVORCED** __ **REMARRIED** __ **OTHER**

Dependents ______ **CHILDREN** ______________ **AGES**

What is your occupation? ____

What is your major sport or exercise activity?

____

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