THE BONE & JOINT CENTER

Orthopaedic Excellence. Exceptional Care.

Medical History

Check all that apply to you.

- ☐ Alcohol usage
- ☐ Allergies to anesthesia
- ☐ Allergies to drugs
- ☐ Allergies to metal
- ☐ Anemia
- ☐ Arthritis
- ☐ Asthma
- ☐ Blood clots
- ☐ Blood disorders
- ☐ Cancer
- ☐ Circulation problems
- ☐ Dexa scan screening
- ☐ Diabetes
- ☐ Drug usage
- ☐ Gout
- ☐ Heart problems
- ☐ High blood pressure
- ☐ Infections
- ☐ Kidney problems
- ☐ Latex allergy
- ☐ Liver problems or hepatitis
- ☐ Lung problems
- ☐ Lyme disease
- ☐ Neurological problems
- ☐ Osteoporosis/Osteopenia
- ☐ Pregnancy, month _____
- ☐ Psychiatric disorders
- ☐ Pulmonary treatments
- ☐ Rheumatic fever
- ☐ Shortness of breath
- ☐ Stroke
- ☐ Thyroid
- ☐ Tick bite(s)
- ☐ Tobacco usage, ppd _____
- ☐ Tuberculosis
- ☐ Ulcer or colitis
- ☐ Venereal diseases
- ☐ Other _____

Referring Physician/Source:

_____

Name Address Phone

Family physician's name: _____ Date of last physical exam: _____

Patient age: _____ Height: _____ Weight: _____

Occupation: _____ R. Handed: _____ L. Handed: _____

Date of accident or onset of complaint: _____ Did this occur at work? _____

Why are you here today? _____

_____

Current medical problems: _____

Previous surgeries: _____

Medications presently taking: _____

Allergies: _____

Previous bone or joint problems: _____

_____

Family medical history: _____

Statement of corporation: The corporation, namely, The Bone & Joint Center will provide orthopaedic treatment for:

_____

(Name of Patient) (Signature of Patient or Guardian)

Capital Region Orthopaedics complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.