

# INTEGRITY ORTHOPEDICS

## Patient Health History

In order for us to obtain a complete medical history, it is important for you to fill out this form as complete as possible. This is very important information. Please fill out every item. This information will be entered into the computer and you are welcome to a copy of the report if you wish.

PATIENT'S LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

RACE Circle: *American Indian/Alaskan Native Asian Black/African American White Other*

ETHNICITY (Hispanic/Latino/Spanish) Circle: YES NO LANGUAGE (Preferred): \_\_\_\_\_

PLEASE Circle: RIGHT HAND or LEFT HAND (DOMINANCE)

E-MAIL (Adults) \_\_\_\_\_ PRIMARY PHYSICIAN \_\_\_\_\_

SEX  Male  Female DATE OF BIRTH: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_ lbs

PHARMACY with LOCATION: \_\_\_\_\_

REASON FOR TODAY'S VISIT: \_\_\_\_\_

LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING, IF YOU HAVE A LIST ATTACH TO FORM

NAME OF MEDICATION	DOSAGE	HOW OFTEN TAKEN

ARE YOU ALLERGIC TO ANY MEDICATIONS \_\_\_ YES \_\_\_ NO – If yes, please list below

NAME OF MEDICATION	TYPE OF REACTION

HAVE YOU EVER HAD ANY PROBLEMS WITH ANESTHESIA (being numbed or put to sleep)? YES or NO

If yes, describe \_\_\_\_\_

LIST SURGERIES (BONES, JOINTS, MUSCLES) WITH DATES:

\_\_\_\_\_

LIST ALL OTHER SURGERIES WITH DATES:

\_\_\_\_\_

HAVE YOU EVER BEEN HOSPITALIZED FOR *NON-SURGICAL* REASONS? YES or NO If yes, please list hospitalizations with dates: \_\_\_\_\_

\_\_\_\_\_