



PATIENT DEMOGRAPHICS

Patient Name: _____ Date of Birth: _____

Phone : _____ Best time to call: _____

PRIMARY CARE MD: _____ **REFERING MD:** _____

Address: _____ Address: _____

Phone: _____ Phone: _____

PRESENT HISTORY

Chief Complaint: _____

Reason for today's visit: _____

How long have you had this problem? _____

What makes your problem better / worse? _____
(lying, bending, sneezing, standing, lifting, walking, sitting, coughing) or (rest, exercise, sitting, lying down, other)

Current Limitations: _____

Current problem is the result of a(n): Car Accident Work Accident Accident Other
(Check all that apply)

Date of Injury: _____

PAST HISTORY

Please list any prior illnesses and /or injuries:

Previous treatments other than surgery: _____

Previous surgery for this problem: _____

Are you under the care of a Cardiologist: Yes No Name: _____

Address/Location: _____ Phone: _____

_____ State _____ Zip _____

Have you ever had problems with anesthesia in the past? Yes No

If yes, please explain: _____

SOCIAL HISTORY

Occupation: _____

How long have you been at your current job? _____

Marital Status: ___ Single ___ Married ___ Divorced ___ Widowed

Do you have children? ___ Yes ___ No How many? _____

Do you live alone? ___ Yes ___ No Who lives with you? _____

Do you smoke?

___ Yes, I've smoked _____ packs of cigarettes per day for ___ years.

___ Yes, I smoke cigars or a pipe.

___ No, I have never smoked.

___ No, I quit _____ years ago. At that time I was smoking _____ packs per day for _____ years.

Do you drink alcohol?

___ No, never (or rarely)

___ No, but I used to

___ Yes How Often? ___ Daily ___ 1 or more times/week ___ 1 or more times/month

Have you lost or gained more than 10 pounds in the last 3 months without trying or wanting to lose weight? **YES** **NO**

Do you exercise regularly? **YES** **NO**

What exercise do you do? _____

How Often? _____

Have you had any problems eating or drinking foods recently (e.g. poor appetite, difficulty chewing or swallowing)? **YES** **NO**

Is there anything that restricts you from doing the activities you want to do? **YES** **NO**

