## FAIR OAKS ORTHOPAEDIC ASSOCIATES, INC. MEDICAL HISTORY

**Name**: _____ **Date**: _____

Last First MI

**Date of birth**: _____ **Weight**: _____ **Height**: _____

**Chief Complaint**:_____ **Affected Side**: RT or LT **Date of Onset**: _____

**Injury Related**? YES / NO **Auto Accident**? YES / NO **Work Injury**? YES / NO

**Dominant Side**: RT Handed / LT Handed **Compensation Carrier**: _____

**Alcohol Use**? YES / NO Amnt: _____ **Tobacco Use**? YES / NO Amnt: _____

**Please describe reason for visit**: _____

_____

**Past Medical History**

| | |
|---|---|
| Diabetes | YES/NO |
| Cancer | YES/NO |
| Ulcers | YES/NO |
| Depression/Nervousness | YES/NO |
| Blood Pressure | YES/NO |
| Lung Disease | YES/NO |
| Heart Problems | YES/NO |
| Past Blood Transfusion | YES/NO |
| Arthritis | YES/NO |
| Liver Disease/Hepatitis | YES/NO |
| Kidney Disease | YES/NO |
| VRE | YES/NO |
| MRSA | YES/NO |

**Review of Systems (Recent Problems)**

| | | |
|---|---|---|
| GENERAL | Weight Loss/Fever/Chills | NONE |
| SKIN | Rashes/Sores/Swollen Nodes | NONE |
| HEART | Chest pain/Palpitations/Irregular Beats | NONE |
| LUNGS | Short of breath/Coughs/Bronchitis | NONE |
| G.I. | Gastritis/Nausea/Vomiting/Pain | NONE |
| G.U. | Painful urination/Leaking/Burning | NONE |
| MUSCLE | Joint pain/Swelling/Stiffness/Weakness | NONE |
| PSYCH | Anxiety/Depression/Addiction | NONE |
| BLOOD | Anemia/Abnormal Bleeding | NONE |
| ENT | Sinusitis/Hoarseness/Swallowing Problems | NONE |
| EYES | Vision Changes/Sensitivity to Light | NONE |

**Allergies/Reactions**: _____

**Family History**: Do any of your blood relatives have or have had any of these diseases?

| | | | |
|---|---|---|---|
| Diabetes | YES/NO | TB | YES/NO |
| Cancer | YES/NO | Thyroid Disease | YES/NO |
| Heart Problems | YES/NO | High Blood Pressure | YES/NO |
| Stroke | YES/NO | | |

Other: _____

**Social History**: Single Married Widowed Divorced Unknown

**Past Surgeries**: _____

_____

_____

**Current Medications**: _____

_____

_____

**Signature**: _____