

Richmond Bone & Joint Clinic, P.A.

**1517 Thompson Road
Richmond, TX 77469**

**21222 Kingsland Boulevard
Katy, TX 77450**

(281) 344-1715

*****All blanks on this page should be filled in before the patient will see the doctor.*****

Patient's name: _____

Primary Care Physician: _____

How did you hear about us? _____

Were you seen by one of our Physicians in the hospital? If yes, which doctor and which hospital? _____

Date of onset or injury: _____

Is this filed as Workers Comp? _____

Do you smoke? If yes, how much per day? _____

What is your average weekly intake of alcohol? _____

Please List: (Please Write Clearly)

| | | |
|---------------------------|---|--|
| (A) Any medical disorders | (B) Any medications you currently take. | (C) Any medications you are allergic to. |
|---------------------------|---|--|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Today's Date: _____

Nurses Notes: **Age:** _____ **BP:** _____ **WT:** _____
