

**Review of Systems:** Circle symptoms below you are currently having.

**List Your Medications and Conditions:**

- fever
- chills
- sweats
- fatigue
- weight loss
- chest pains
- fainting
- ankle swelling
- leg swelling
- shortness of breath
- cough
- wheezing
- trouble breathing
- dizziness/nausea/vomiting
- change in bowel habits
- back pain
- joint pain
- joint swelling
- muscle cramps
- muscle weakness
- stiffness
- arthritis
- rash
- itching
- skin dryness
- mole changes
- weakness
- numbness
- temporary paralysis
- anxiety
- tension
- depression
- memory loss
- difficulty sleeping
- cold intolerance
- heat intolerance
- weight change
- excessive urination
- abnormal bruising
- bleeding
- enlarged lymph nodes
- hives
- persistent infections
- cancer \_\_\_\_\_
- stage \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Please List Medication Allergies Below:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical/Social History**

**Referring Physician:** \_\_\_\_\_ **Primary Care Physician:** \_\_\_\_\_

**Have you ever had any surgery?** Yes No What kind? \_\_\_\_\_

**Have you had orthopedic surgery?** Yes No What kind? \_\_\_\_\_

**Have you experienced surgery related problems?** Yes No? What kind? \_\_\_\_\_

**If you have a fracture today, have you broken this bone before?** Yes No

**Do you have a history of:** Hepatitis \_\_\_\_\_ HIV \_\_\_\_\_ Blood Transfusion \_\_\_\_\_

**Family History**

**Circle All That Run In Your Family:**

- Heart Disease
- Rheumatoid Arthritis
- Bleeding Disorders
- Connective Tissue Disorders
- Cancer
- Diabetes
- Muscular Dystrophy

**Circle All That Apply:**

**Tobacco use?** Cigarettes \_\_\_\_\_ Cigars \_\_\_\_\_ Smokeless/Chewing \_\_\_\_\_ If so, how much? \_\_\_\_\_

**Alcohol use?** Current \_\_\_\_\_ Previous \_\_\_\_\_ Drinks/day? \_\_\_\_\_ What kind? \_\_\_\_\_ Last used? \_\_\_\_\_

**Legal Drug use?** Injection \_\_\_\_\_ Oral \_\_\_\_\_ Smoking \_\_\_\_\_ What kind? \_\_\_\_\_ Last used? \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Patient Signature:** \_\_\_\_\_