CONFIDENTIAL

PATIENT HEALTH HISTORY

MID-AMERICA ORTHOPEDIC & SPINE INSTITUTE, LLC

NAME ______________________________ TODAY'S DATE ______________

AGE __________ DATE OF BIRTH ______________

WHAT IS YOUR REASON FOR THIS VISIT? ______________________________

DATE SYMPTOMS FIRST OCCURRED OR INJURY HAPPENED ______________________

IF INJURY, WHERE DID ACCIDENT OCCUR? ______________________________

HAVE YOU PREVIOUSLY HAD ANY TYPE OF SURGERY? ______________________

IS THERE A FAMILY HISTORY OF:

- ❑ ARTHRITIS
- ❑ BLOOD DISORDER
- ❑ CANCER
- ❑ DIABETES
- ❑ HEART DISEASE
- ❑ STOMACH/BOWEL DISORDER
- ❑ HIGH BLOOD PRESSURE
- ❑ RESPIRATORY PROBLEMS
- ❑ HEPATITIS
- ❑ THYROID DISEASE
- ❑ OTHER ______________

CHECK SYMPTOMS YOU CURRENTLY HAVE OR HAVE HAD IN THE PAST YEAR

- ❑ DEPRESSION
- ❑ DIZZINESS
- ❑ HEADACHE
- ❑ LOSS OF SLEEP
- ❑ LOSS OF WEIGHT
- ❑ STOMACH PAIN
- ❑ CHEST PAIN
- ❑ NUMBNESS
- ❑ JOINT PAIN OR WEAKNESS
  ARMS LEGS BACK
  KNEES HIPS NECK
  FEET SHOULDERS

CHECK CONDITIONS YOU HAVE OR HAVE HAD IN THE PAST

- ❑ AIDS
- ❑ ALCOHOLISM
- ❑ ANEMIA
- ❑ ANOREXIA
- ❑ APPENDICITIS
- ❑ ARTHRITIS
- ❑ ASTHMA
- ❑ BLEEDING DISORDERS
- ❑ BREAST LUMP
- ❑ BRONCHITIS
- ❑ BULIMIA
- ❑ CANCER
- ❑ CATARACTS
- ❑ DRUG DEPENDENCY
- ❑ CHICKEN POX
- ❑ DIABETES
- ❑ EMPHYSEMA
- ❑ EPILEPSY
- ❑ GLAUCOMA
- ❑ GOITER
- ❑ GONORRHEA
- ❑ GOUT
- ❑ HEART DISEASE
- ❑ HEPATITIS
- ❑ HERNIA
- ❑ HERPES
- ❑ HIGH CHOLESTEROL
- ❑ HIV POSITIVE
- ❑ KIDNEY DISEASE
- ❑ LIVER DISEASE
- ❑ MIGRAINE HEADACHES
- ❑ MONONUCLEOSIS
- ❑ MULTIPLE SCLEROSIS
- ❑ PACEMAKER
- ❑ PNEUMONIA
- ❑ POLIO
- ❑ PSYCHIATRIC CARE
- ❑ STROKE
- ❑ SUICIDE ATTEMPT
- ❑ THYROID PROBLEMS
- ❑ TUBERCULOSIS
- ❑ ULCERS
- ❑ VENEREAL DISEASE

MEDICATIONS List medications you are currently taking	ALLERGIES to medications or substances
Pharmacy Name	Phone #