

BEAUMONT BONE & JOINT INSTITUTE PATIENT HISTORY

Name: _____ Date: _____

Age: _____ Date of birth: _____ Family/Referring Doctor: _____

Reason for visit today? Shoulder Knee Hand/Wrist Elbow Hip Ankle/Feet Back/Neck
 Left Right OTHER: _____

Occupation: _____ Full Duty Light Duty Not working

Date of injury: _____ Injury occurred: Home Work Sports Other: _____

FAMILY HISTORY: Muscle or Bone Disease (inherited) What kind? _____
 Problems with Anesthesia or Anesthetic: What happens? _____
 Bleeding problems Scoliosis Arthritis at a young age Other: _____

MEDICATION ALLERGIES: Allergic to: _____ What happens? _____
Allergic to: _____ What happens? _____

CURRENT MEDICATIONS: (List all current medications including over-the-counter such as aspirin and herbal supplements)

DO YOU HAVE ILLNESSES? (Check all that apply)

- High Low Blood pressure Blood clots Seizures Lung problems/Asthma Swelling in legs & feet
- Rheumatoid Arthritis Varicose veins HIV Bleeding problems Thyroid: Hyper Hypo
- Muscular skeletal disorder Kidney problems Gout Hepatitis: _____ Ulcer/Stomach Problem
What disorder? _____
- Heart: Heart disease Heart attack Murmur Mitral valve prolapse Congestive heart failure
- Diabetic: Insulin Oral med. Diet
- Cancer: Benign Malignant

PRIOR SURGERIES: (Include all surgeries and dates of surgeries) _____

Do you drink alcohol? *Y N* Quantity? _____ Do you smoke? *Y N* Quantity? _____ Do you use drugs? *Y N*
When was your last Tetanus shot? _____ When was your last Dexascan/bone density test? _____

Females Only: Are you pregnant? *Y N* Have you had a baby within the last month? *Y N*
Are you on hormone therapy? *Y N* Name: _____ Dose: _____
Are you currently taking birth control pills? *Y N* How long? _____

COMPLETE ONLY IF PATIENT IS LESS THAN 18 YEARS OF AGE

Whom does the child live with? _____ Birth History: _____ Vaginal C-Section

Who has legal custody of the child? _____ If C-section, Why? _____

Birth Weight: _____ Term Premature Are all shots up to date? *Y N*

Nurse/Assistant use only: HT. _____ WT. _____ BP. _____