



North Texas Orthopaedic & Spine History

Name: _____ Today's Date: _____ Date of Birth: _____

Chief Complaint

Why are you seeing the doctor today? _____

Current problem is the result of a(n): **Check** all that apply

- Car Accident Work Accident Sudden onset Gradual onset Other

Past Medical History

Please describe ALL medical problems (ex: diabetes, hypothyroidism, cancer, apnea, heart conditions)

Past Surgical History

Surgeries/Hospitalizations	Year	Complications?

Have you ever had and problems with anesthesia? No/Yes Describe _____

Please list all medications you are currently taking:

Medication	Dose	Reason For Medication	Side Effects

Additional Room for meds:

Are all immunizations up to date? Yes No

If no, which immunizations are due? _____

MEDICATION ALLERGIES/REACTIONS (please list ALL):

Social History

Work in the home Employed (occupation _____) Student Daycare Retired

Single Married Divorced Separated Widowed

Children? No Yes # _____

Do you live alone? No Yes _____

Exercise? Daily Weekly Monthly Rarely Never

What type of exercise?

History of substance abuse? No Yes What? _____

Smoke currently? No Yes ___ Packs per day for ___ years.

Quit smoking? This year >1 year >5 years >10 years

Previously smoked ___ packs per day for ___ years.

Drink alcohol? Daily 1-2 x/week 1-2 x/month 1-2 x/year

Review of Systems

Are you **currently having** or **have you had** problems with:

	Circle	Describe all "Yes" responses
Eyes	No Yes	_____
Ears, Nose, Throat	No Yes	_____
Lungs, Breathing	No Yes	_____
Digestion	No Yes	_____
Bowel movement	No Yes	_____
Bladder problem	No Yes	_____
Diabetes	No Yes	_____
High blood pressure	No Yes	_____
Heart	No Yes	_____
Bleeding problems	No Yes	_____
Balance problems	No Yes	_____
Numbness/tingling	No Yes	_____
Blackout/fainting	No Yes	_____
Psychological problems	No Yes	_____
HIV/AIDS	No Yes	_____
Cancer (any kind)	No Yes	_____
Arthritis (where)	No Yes	_____
Polio	No Yes	_____
TB	No Yes	_____
Hepatitis	No Yes	_____

Patient Signature: _____

Date: _____

Reviewed By: _____ MD

Date: _____