Optimum Orthopaedics
YOU DESERVE THE BEST HEALTH

NEW CLIENT

NAME_____ GENDER: (M) (F)
DOB_____EMAIL_____
TEL_____(H)_____(C)_____(W)
REFERRING DR: _____ ID # _____
Next of Kin _____ Tel:_____

INSURANCE_____

What problem are you here to have looked at today?_____

_____

Please describe what happened or you got injured_____

_____

_____

How long has it been going on?_____

- What makes it better?_____
- What makes it worse ?_____

What treatments have you tried so far?_____

- If you have pain, how severe is it:
  No pain 1 2 3 4 5 6 7 8 9 10 severe pain

* Please mark where you feel pain:

Optimum Orthopaedics Inc.
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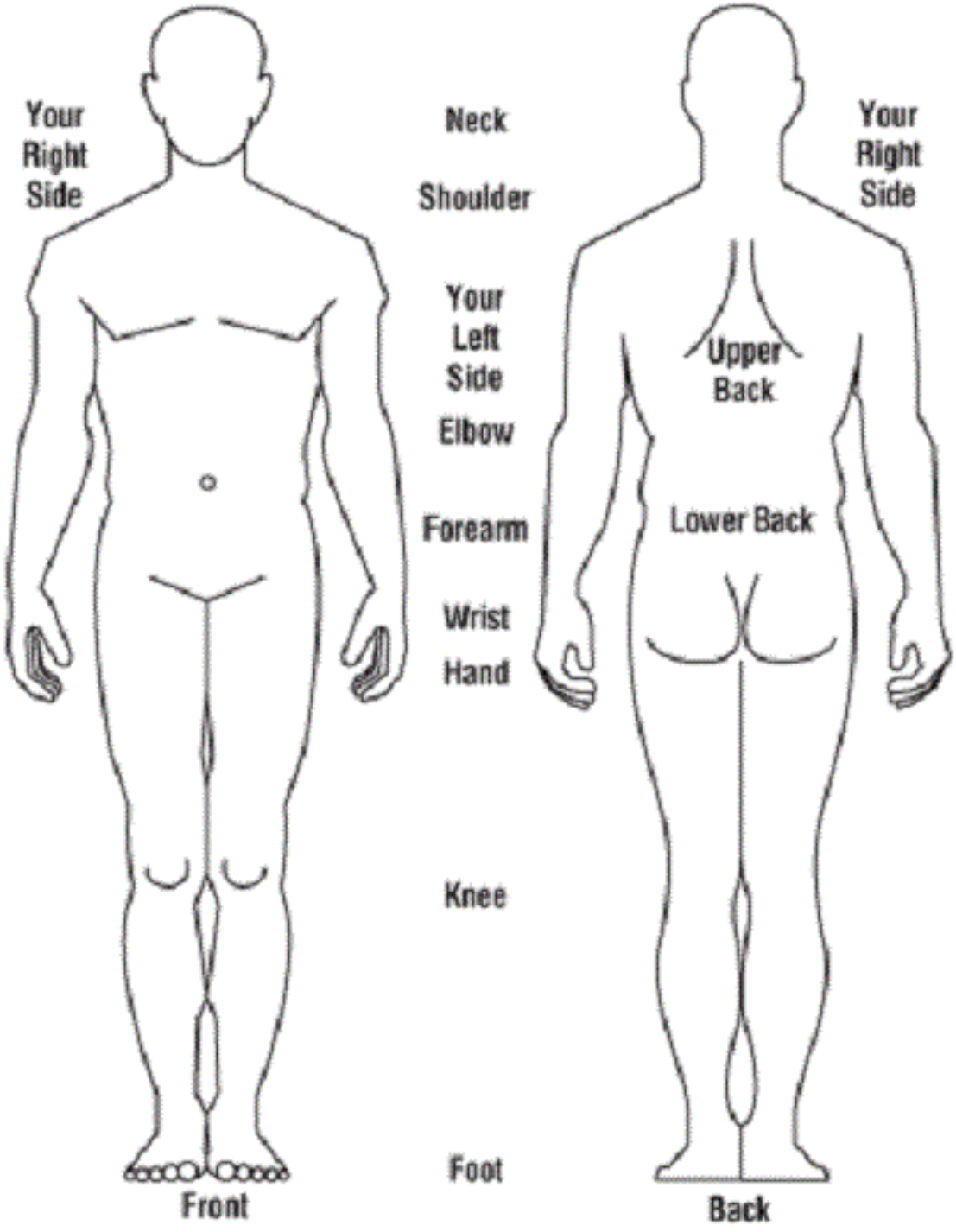

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ORTHOPAEDIC MEDICAL HISTORY

What kind of work do you do?_____
What do you do for exercise?_____

* Do you have a history of any medical problems? (For example high blood pressure):

Medications:_____

_____

Allergies:_____

Surgical History (and approximate dates):_____

Other hospitalizations?_____

* FAMILY HISTORY: diabetes, heart disease, arthritis, bleeding problems, cancer,

_____

_____

Other _____ NONE

• Do you smoke? Y N Have you ever smoked? Y N

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- REVIEW OF SYSTEMS: CHECK ANY YOU HAVE, OR CIRCLE "NONE"

- Constitutional: fever, chills, fatigue, unexpected weight gain/loss NONE
- CV: Chest pain, high blood pressure, abnormal EKG NONE

Abnormal rhythm, heart attack NONE

- Lungs: shortness of breath, asthma, sleep apnea NONE
- GI: heartburn, ulcers, nausea, hepatitis NONE
- MS: joint pain or swelling, Muscle pain, leg cramps NONE
- Skin: poor healing, rash, itching, skin infections NONE
- Endocrine: excessive thirst or urination, diabetes NONE
- Hematologic: bleeding tendencies such as hemophilia, easy bruising NONE
- Neurologic: headaches, fainting, stroke, numbness, tingling NONE
- Psychiatric: depression, anxiety NONE
- Immune: rheumatoid arthritis, gout NONE
- Have you had problems with anesthesia? NONE