



**NEW CLIENT**

**Name:** \_\_\_\_\_ **Gender:** (M) (F)

**D.O.B:** D: \_\_\_ M: \_\_\_ Y: \_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Tel:** \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W)

**Referring doctor:** \_\_\_\_\_ **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? \_\_\_\_\_

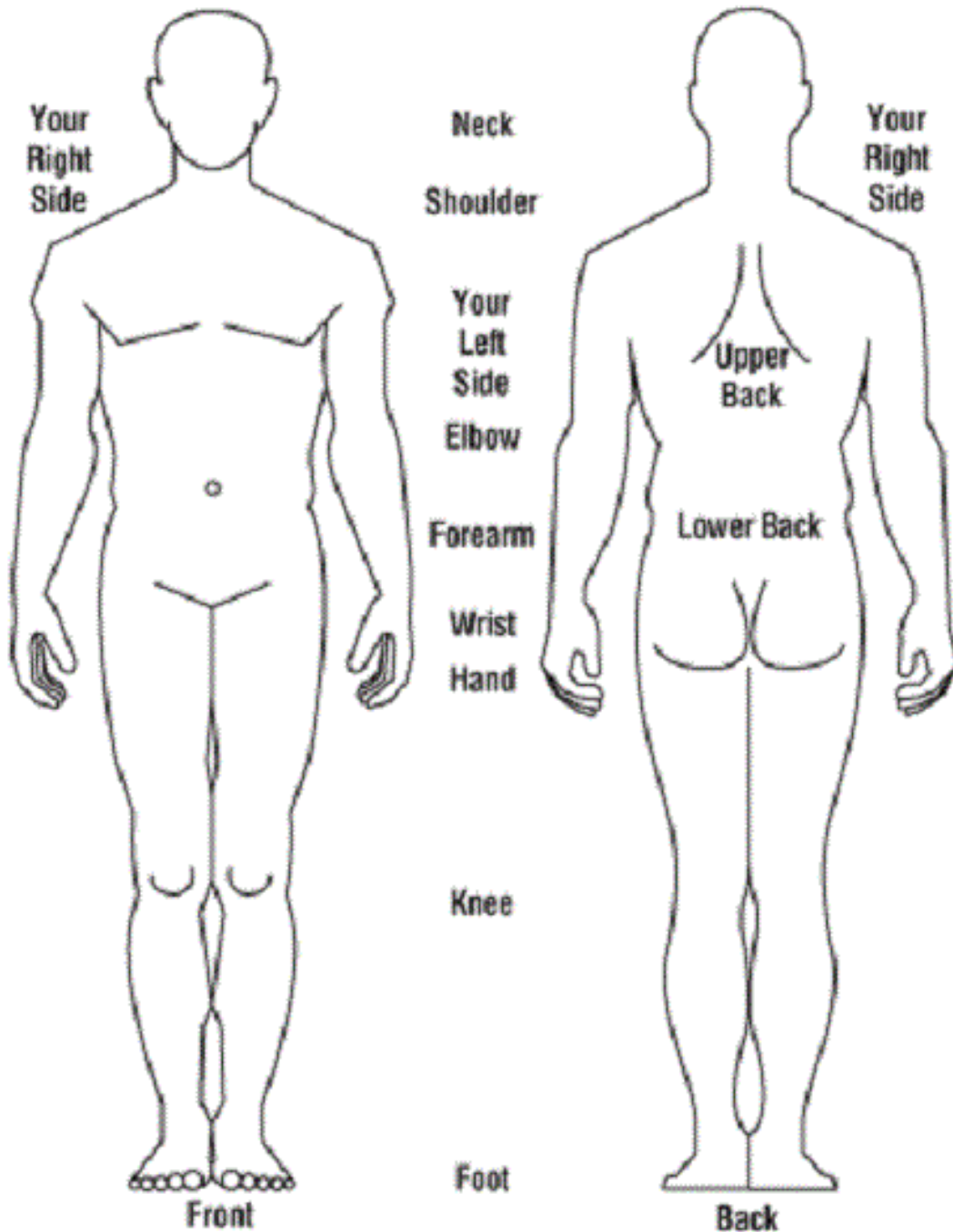
• What makes it worse? \_\_\_\_\_

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:**





## Orthopaedic Medical History

**Occupation:** \_\_\_\_\_

**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

- 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