SAH ORTHOPAEDIC ASSOCIATES
INSTITUTE FOR JOINT RESTORATION *(Online Downloaded Forms)*

Patient Medical History Form

Name:_____Date of Birth:_____Height_____Weight_____

Referred by (MD or colleagues):_____

Past Medical History

Primary Care MD: Full Name:_____Date last visit:_____

Address:_____Ph #_____Fax # _____

Pharmacy: Name/Address:_____Ph #_____

Please check any of the conditions listed below which you have had:

- ☐ Asthma
- ☐ Emphysema/COPD
- ☐ Pulmonary Embolism
- ☐ Venous Blood Clot Formation
- ☐ Sleep Apnea [ ] use CPAP
- ☐ Hepatitis/Cirrhosis
- ☐ Thyroid Disease
- ☐ High Blood Pressure
- ☐ Heart Attack
- ☐ Pacemaker
- ☐ Stroke (list stroke deficits:_____)
- ☐ Arrhythmia
- ☐ Kidney Disease
- ☐ BPH/urinary issues
- ☐ Stomach Ulcer/GERD
- ☐ Diabetes [ ] use insulin
- ☐ Neurologic _____
- ☐ Depression
- ☐ Mental Illness
- ☐ Seizure/Epilepsy
- ☐ Cancer _____ (for breast: Right/Left)

Please list any other **Medical Conditions** for which you are currently under treatment (i.e. C*ardiologist, Nephrologist, Pulmonologist, Pain Specialist, Endocrinologist*, etc):

Condition	Treating Physician (Full Name)	Phone #	Date last seen

Please list every **Operation** you have had, including the year, surgeon and hospital if possible:

_____

_____

_____

_____

Please list all of your current medications:

Medication	Dosage (mg)	How often	Prescribed by

Allergies to medications and reaction*:*

Are you allergic to Latex? ☐ Yes ☐ No

Habits

Do you smoke? ☐ Yes ☐ No Pack per day_____ Years smoking____
Have you ever smoked? ☐ Yes ☐ No Year you quit_____ Years smoked____
Do you drink alcohol? ☐ Yes ☐ No Drinks per day ☐ < 2 ☐ 3-4 ☐ 5-6 ☐ ≥ 6

Family History

Do/did any of your brother, sisters or parents have any of the following:

Rheumatoid Arthritis_____ Heart Attack_____
Other Joint problems_____ Cancer_____
Bleeding problems_____ Diabetes_____
Anesthesia problems_____ Stroke_____
Mental Illness_____ Thyroid Disease_____

Social History

How many people live in your household (including you)?_____
How are they related to you?_____
Do you have stairs at your home? ☐ Yes ☐ No ☐ Inside ☐ Outside