

Midwest Orthopaedic Center, SC Medical History Form

MOC 2018

					Appt I					
				Weight:						
Primary Phys	ician's First &	Last Nam	ne:							
Clinic Name:										
What is the	reason for	this visi	if? □ Pain □	Numbness □ V	Venkness II Sw	allina 🏻 Stiff	noss Othe			
Latex Allergy?				Numbriess 🗆 🛊	veakiless 🗆 5w	ennig 🗆 sun	ness Ome	er		 -
What body par		(Please ma	ark in the tabl	le below)						
Shoulder		Wrist			Knee	Ankie	Foot	Nec	·Ŀ	Back
How long ago Have you had	did it start? a problem like	Days this before	Wee	eksMor	ithsYea	rs.				
In this section as much space	check the <u>ON</u> below as need	<u>E BOX</u> whi	ich best descri	ibes <u>how your pro</u>	blem started. Th	en answer the	questions	below the bo	x you o	hecked. Us
-			al or ElSudde	en) <i>Please indicat</i>	a why do you sh	ink it startad				
				Date:	-		* 1			
What Sport	?			Sci	nool?	nere and now	it nappene	ra.		
				☐ twist ☐ fall						
				How did your job	-					
					cause the proon	4111				
□ AUTO ACCII	DENT Date:	H	OW WAS WOUR C	rar niire						
AUTO ACCI										
				car nits						
Comments:										
Comments:	-10 (10 being	the worst)	how severe i	is your pain? <i>(cin</i>	cle) 0 1 2 3	4 5 6 7 8	9 10 18			
Comments: On a scale of 0 What is the qua The pain is:	-10 (10 being lity of the pair	the worst)	how severe i	is your pain? <i>(cire</i> I stabbing □ the nittent) Do	cle) 0 1 2 3 robbing □ ach	4 5 6 7 8 ing □ burnir	ng our sleep?			
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Midwest Orthopaedic Center, SC

Review of systems

	me:					A
nave you ha	ad a <u>prior problem</u> with	h this same Orthopedic cond	lition in the past? \Box Y \Box	□N (exp	olain belo	w)
Do your <u>ot</u>	<u>ther joints</u> have: □ mo	orning stiffness lasting over	30 minutes ☐ joint pai ior fracture (which bone	n or swe	lling 🗆 ba	ack pain Gout Rheumatoid
Have you h		oms? (If no mark NONE)		NONE	YEAR	DETAILS / COMMENTS
i) Gl	☐ heartburn, ulcers ☐ hepatitis	☐ nausea or vomiting ☐ liver disease	□ blood in stool			DEIALS / CONMICTOR
) ENDO	☐ thyroid disease	☐ heat or cold intolerance	e			
) CON	□ weight loss	□ loss of appetite				
) EYE	☐ blurred vision	☐ double vision vision lo	SS			
) ENT	☐ hearing loss	□ hoarseness	☐ trouble swallowing			
) CV	☐ chest pain	□ palpitations				
) RS	☐ chronic cough	☐ shortness of breath				
) G U	☐ painful urination	□ blood in urine	□ kidney problems			**************************************
) SK	☐ frequent rashes	☐ skin ulcers ☐ lumps	□ psoriasis			
0) NEU	☐ headaches	☐ dizziness	☐ seizures		4444444	
1) PSY	□ depression	☐ drug/alcohol addiction	□ sleep disorder		-	
2) HEM	\square easy bleeding	☐ easy bruising	🗆 anemia		 :	
2) ADE V	OU HIV POSITIVE: 🗆	Y 🗆 N				
PAST ME Are you Are you	DICAL HISTORY Diabetic? □ Y □ N taking or have you eve	If Yes treatment: Insulin	Y 🗆 N If yes which o	ne?		
PAST ME Are you Are you Past Sur Have yo Past Hos Have yo swelling What ar	DICAL HISTORY Diabetic? □ Y □ N taking or have you ever gical History: What op ou or a family member of spitalizations: (Not for ou ever had: □ heart at g □ kidney failure □ nti-inflammatories have	If Yes treatment: insuling taken, blood thinners? erations have you had and ever had a reaction to anesth Surgery): ttack (year) high b	Y □ N If yes which o when? Please list: nesia? □ Y □ N Explai	n:d clots (y	ear	None) □ stroke □ heart failure □ ankle ti-inflammatories (includes Advil/Aleve)
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