

Patient Medical History

Paris Orthopedic Clinic, P.A.
Please Answer ALL Questions COMPLETELY!

Office Use ONLY

Blood Pressure:
Temperature:
Heart Rate:

Date:

Patient Name:

DOB: Age: Sex: Height: Weight: R or L Handed: Marital Status:

Where do you hurt: RIGHT or LEFT Side:

How long have you hurt? Any Fever?

How did you hurt yourself?

What have you taken for pain?

Did you go to an E.R.? YES or NO Where? When?

Were X-RAYS Taken? YES or NO An MRI? YES or NO Do you have the Reports with you? YES or NO

Have you or a family member ever had any of the following conditions?

(Circle ALL that apply: Y=You M=Mother F=Father S=Sibling)

Diabetes... Y M F S High Blood Pressure... Y M F S High Cholesterol... Y M F S Infections... Y M F S Other: Y M F S
Heart Problems... Y M F S Bleeding Problems... Y M F S Arthritis... Y M F S Seizures... Y M F S Other: Y M F S
Kidney Problems... Y M F S Thyroid Issue... Y M F S Asthma... Y M F S Depression... Y M F S Other: Y M F S
Cancer... Y M F S Stomach Problems... Y M F S Respiratory Problems... Y M F S Alcohol Addiction... Y M F S IF NONE CHECK HERE: [ ]

Are you Pregnant? YES or NO If YES, how far along?

Do you have a Pace Maker? YES or NO Heart Stents? YES or NO

Please list ALL Surgeries that you have had: (Use back of sheet if necessary)

1 L or R Year: Complications:
2 L or R Year: Complications:
3 L or R Year: Complications:
4 L or R Year: Complications:

Please List ALL Medications that you take? (Use back of sheet if necessary)

1. Dosage: 5. Dosage:
2. Dosage: 6. Dosage:
3. Dosage: 7. Dosage:
4. Dosage: 8. Dosage:

What Medicines are you Allergic to?

1. 2. 3.

What other Allergies do you have?

1. 2. 3.

Do you Smoke? Currently Never Former Packs per day? Year Started? Year Stopped?

Do you use Smokeless Tobacco? Currently Never Former Year Started? Year Stopped?

Do you drink Alcohol? YES or NO How Frequently?

Describe your Job:

Who is your Primary Care Physician?

Have you ever been treated by any Physician at POC, if so who?

What Pharmacy Do You Prefer? City: