

Orthopedics on Chestnut 610 Chestnut Street South Charleston, WV 25309

Phone: 304-767-7790 Fax: 304-766-7566

## **Past Medical and Surgical History**

Medications (include over the counter meds)	Allergies (Please list all)
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Past Medical History (check all that apply)	
High Blood Pressure	
High Cholesterol	
o Lung Disease	Past Surgical History (check all that apply)
Kidney/Renal Disease	
Bleeding Disorder	Heart By-pass     Nacquiar Surgary
Heart Disease	Vascular Surgery     Hystorostomy
o Diabetes	<ul><li>Hysterectomy</li><li>Knee Replacement</li></ul>
Thyroid Disease	· ·
History of blood clots	Hip Replacement     Patetor Cuff Repair
History of MRSA	Rotator Cuff Repair     Carnel Tunnel
o Other	o Carpal Tunnel
o Other	o Arthroscopy
Cardiovascular (check all that apply)	o Spine Surgery
	Other
	o Other
Heart murmur     Chest pain or anging	5
Chest pain or angina     Arrhythmia/irrogular heats	Respiratory (check all that apply)
<ul><li>Arrhythmia/irregular beats</li><li>Edema (swelling of feet or ankles)</li></ul>	Asthma or wheezing
	<ul> <li>Frequent or chronic cough</li> </ul>
	o COPD (emphysema)
Pacemaker/defibrillator     Paleitations	o Tuberculosis
o Palpitations	<ul> <li>Coughing up blood</li> </ul>
o Aneurysm	<ul> <li>Coughing up phlegm</li> </ul>
Other	<ul> <li>History of lung cancer</li> </ul>
None of the above/negative	o Other
Neurologic (check all that apply)	None of the above/negative
o Stroke	Gastrointestinal (include over the counter meds)
Seizures  Number of the olivery	o Reflux
Numbness/tingling	<ul> <li>Hepatitis</li> </ul>
Migraine headache	<ul> <li>Abdominal pain</li> </ul>
o Paralysis	o Cancer
o Dizziness	<ul> <li>Ulcers</li> </ul>
<ul> <li>Speech difficulties</li> </ul>	o Colitis
o Other	o Heartburn
None of the above/negative	<ul> <li>Irritable bowel syndrome</li> </ul>
Genitourinary (check all that apply)	<ul> <li>Bloody stool</li> </ul>
<ul> <li>Urinary tract infection</li> </ul>	o Other
<ul> <li>Prostate disease</li> </ul>	None of the above/negative
<ul> <li>Kidney stones</li> </ul>	Musculoskeletal (include over the counter meds)
o Urinary incontinence	Rheumatoid disease
o Other	<ul> <li>Fibromyalgia</li> </ul>
<ul> <li>None of the above/negative</li> </ul>	<ul> <li>Joint pain/stiffness/swelling</li> </ul>
	o Arthritis
	o Lupus
Do you smoke? Yes No # packs/day?	o Other
Do you drink alcohol? Yes No How much?	<ul> <li>None of the above/negative</li> </ul>