

# ALBRACHT ORTHOPEDIC SURGERY

Today's Date: \_\_\_\_\_ Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient's Age: \_\_\_\_\_ Patient's Height: \_\_\_\_\_ Patient's Weight: \_\_\_\_\_

Pharmacy Name & Location: \_\_\_\_\_ Pharmacy Phone #: \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

**CURRENT MEDICATIONS:** \_\_\_\_\_

**SOCIAL HISTORY:**

Do you drink alcohol? Y or N If yes, how much and how often? \_\_\_\_\_

Do you currently use tobacco products? Y or N What type of tobacco product? \_\_\_\_\_

How much tobacco do you use daily? \_\_\_\_\_ If you quit using tobacco, when? \_\_\_\_\_

What hand do you write with? \_\_\_Right \_\_\_Left

**WORK HISTORY:**

Where do you work? \_\_\_\_\_ What are your duties? \_\_\_\_\_

**PAST MEDICAL HISTORY:** Do you have or ever had any of these diseases or conditions? If yes, please circle

High Blood Pressure    Neurologic Disease    Heart Disease    Liver Disease    Kidney Disease

Lung Disease    GI Disease    Diabetes    Hepatitis    Seizures    Thyroid    Cancer    Hay Fever

Bleeding Disorder: \_\_\_\_\_ Other: \_\_\_\_\_

**PAST SURGICAL HISTORY:** \_\_\_\_\_

**FAMILY MEDICAL HISTORY:** Have any relatives had the following conditions? If yes, please circle

Heart Disease    High Blood Pressure    Kidney Disease    Diabetes    Cancer    Seizures

Rheumatoid Arthritis    Thyroid    HIV    Venereal Disease    Bleeding Disorder: \_\_\_\_\_

Other: \_\_\_\_\_

**REVIEW OF SYSTEMS:** Do you currently have or have had in the last two weeks: If yes, please circle.

Headache    Fever    Cough    Shortness of Breath    Chest Pain    Nausea/Vomiting

Painful Urination    Vision Changes    Increased Thirst    Increased Urination    Rashes    Ulcers

Weight Gain/Loss

**CURRENT INJURY:**

Date of Injury: \_\_\_\_\_ Body part injured: \_\_\_\_\_

How injury happened: \_\_\_\_\_

Did this injury occur while you were at work? \_\_\_\_\_

Have you been treated for this injury? \_\_\_\_\_ If yes, what facility & date: \_\_\_\_\_

Were X-Rays taken? \_\_\_\_\_ If yes, what facility & date: \_\_\_\_\_