ORTHOGOLD MASTER

NEW PATIENT MEDICAL HISTORY FORM

tient Name: .						. He	ight: _			Weight:		
ce: O Africa	n Ame	erican	\circ	Asian	Caucasian	O Na	ative Am	erica	n/Alaskan	O Pacific Islan	der O	Other
Unkr	iown	0 [eclin	e to Answei	•							
nnicity: O	Hispar	nic O	No	n-Hispanic	 Unknown 	0	Declir	ne to	Answer			
eferred Langu	ıage:	O Er	nglish	n O S	panish O	Chines	e 0	0	ther			
eferred Pharn	nacy:					_						
ferral Source:	Doc	tor (nam	ne): _				0	ther	(ex. Google s	search):		
										·		
ief Complai												
minant Hand	: 0	Right		O Left	 Ambidext 	rous						
•	•				orimary symptom							
O Pain) Num	bnes	s/Tingling	 Fracture 	0	Stiffne	ess	Other:			
Shoulder	0	Right		Left	Pelvis	0	Right	_		Neck	0	
Upper Arm	0		_	Left	Hip	0	Right	_	Left	Upper Back	0	
Elbow	0	Right	-	Left	Thigh	0	Right		Left	Mid Back	0	
Forearm	0	Right		Left	Knee	0	Right	-	Left	Low Back	0	
Wrist	0	Right	_	Left	Lower Leg	0	Right	_	Left	Buttocks	0	
Hand	0	Right		Left	Ankle	0	Right	0	Left	Tail Bone	0	
Thumb	0	Right		Left	Foot	0	Right	0	Left			
Index	0	Right		Left	Great Toe	0	Right	_	Left			
Middle	0	Right		Left	2nd Digit	0	Right	-	Left			
Third	0	Right		Left	3rd Digit	0	Right	_	Left			
Little	0	Right	0	Left	4th Digit	0	Right	_	Left			
					5th Digit	0	Right	0	Left			
No lon How lon Describe Onset D Are you repre	em thenjury In g have the ate: (ve the some on the sonset: mm/dd/y med by a	It of Injui symp o ryyy) an at	Acute (suctorney?	or accident? Injury at Work en present? (ex. dden) O	. 2 day hronic	s, 4 mon conditio — No	ths)		Sport Injury		_
Will the	re be	any le	gal	actions w	ith respect to	this p	robler	n?	Yes	O No		
Have you had	l a pr	oblem	like	this befo	re? O Yes	0	No					
Describe	e: _											
	_											
Have you be	en se	en in a	n EF	R for this p	oroblem?	O Y	es (\circ	No			
Treating	FR:	(ex St Li	ıke's	Health)					Date: (mm/c	dd/yyyy)		

•	llness (continued)				
5. Rate the pain (10 b	•	-	- 6		- 0 - 4
		3 0 4 0 5	0 6	7 0 8	0 9 0 10
5. Do the symptoms	-	ep?			
O Yes O					
'. Please describe the	• •	binn O Thurbbinn	ο Λ-l-:	O Domino	. Chartina
•	O Dull O Stab	3	Aching	Burning	Shooting
B. What is the timing	• •				
	O Intermittent (co	•			
. Is the problem get					
Getting betWhat makes the s	3	orse O Unchanged			
3	•	Athletics O Standing	• • •		
1. Are there any other Redness Poppin Prior Testing / Treat	er symptoms associated Bruising Sweet Swee	ciated with this proble elling Numbness Weakness bleen?	em? Stiffness Giving way	○ Limping ○	Clicking C Lo
1. Are there any other Redness Poppin Prior Testing / Treat Have you had any prior None X-rays Have you had any prior Redness Prior Testing / Treat Redness Poppin Prior Testing / Treat Redness Prior Testing / Testing	er symptoms associated by the symptoms as a symptom as a sym	ciated with this proble elling Numbness Weakness blem? CT Scan Nerve Test nis problem? Yes	Stiffness Giving way (EMG/NCV)	O Bone Scan	
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Patient Name: _____

Aneurysm (Brain) Surgery O Hysterectomy Orthopedic on side: Right Lef A Aortic Bypass / Vascular Surgery O LAP Band / Gastric Bypass Surgery Appendectomy Orthopedic on side: Arthroscopy: Knee O Appendectomy O Lumpectomy O Lumpectomy O Lard Hyroscopy: Shoulder O Cataract (Eye) Surgery O Mastectomy O Cholecystectomy (Gallbladder) Malignancy/Cancer Rotator Cuff Repair O Cholecystectomy (Gallbladder) Malignancy/Cancer Rotator Cuff Repair O Cholecystectomy (Gallbladder) O Malignancy/Cancer Rotator Cuff Repair O Cholecystectomy O Charles Repair O Charles Rep	Select all p	revious hospitalization	ns/surgeries:	None				
Arthroscopy: Knee Appendectomy	-	•			Orthopedic on	side:	Right	Left
Appendectomy Lumpectomy Carpart (Eye) Surgery Mastectomy Carpart (Eye) Surgery Mastectomy Carpart (Eye) Surgery Malignancy/Cancer Rotator Cuff Repair Otal Hip Replacement Otal Hip Replac		• ,		pass Surgery	•		-	
Cataract (Eye) Surgery				3 7			0	0
Heart Surgery Stents Total Hip Replacement Total Knee Replacement Total Shoulder Replacement Spinal Surgery - Indicate Level: Other Surgery Other Orthopedic Surgery Medical Questions Mark all that currently apply: Metal in body Claustrophobic Pregnant Sleep Apnea Uses a CPAP Sno Are you taking blood thinners? Yes No Review of Systems Please indicate if you have experienced any of the following symptoms in the last 6 months? None for all None Comments 1) CON Weight Loss Loss of Appetite Fatigue 2) EYE Blurred Vision Double Vision Vision Loss 3) ENT Hearing Loss Hoarseness Trouble Swallowing 4) CV Chest Pain Palpitations 5) RS Chronic Cough Pneumonia Shortness of Breath 6) GI Heartburn, Ulcers Nausea, Vomiting Blood in Stool 7) GU Painful Urination Blood in Urine Kidney Problems 8) SK Frequent Rashes Skin Ulcers Lumps Psoriasis 6) Frequent Falls Loss of Coordination Numbness 9) NEU 6) Frequent Falls Loss of Coordination Sleep Disorder 10) PSY Depression/Anxiety Drug/Alcohol Addiction Sleep Disorder 11) ENDO Fever Heat or Cold Intolerance Night Sweats		•					0	0
Hernia Repair	O Cholec	ystectomy (Gallbladder)	Malignancy/Cancer		Rotator Cuff Rep	air	0	0
Other Surgery Other Orthopedic Surgery Medical Questions Mark all that currently apply: Metal in body Claustrophobic Pregnant Sleep Apnea Uses a CPAP Sno Are you taking blood thinners? Yes No Review of Systems Please indicate if you have experienced any of the following symptoms in the last 6 months? None for all None for all I CON Weight Loss Loss of Appetite Fatigue 2) EYE Blurred Vision Double Vision Vision Loss 3) ENT Hearing Loss Hoarseness Trouble Swallowing 4) CV Chest Pain Palpitations 5) RS Chronic Cough Pneumonia Shortness of Breath 6) GI Heartburn, Ulcers Nausea, Vomiting Blood in Stool 7) GU Painful Urination Blood in Urine Kidney Problems 8) SK Frequent Rashes Skin Ulcers Lumps Psoriasis Change in Bowel Change in Bladder Dizziness 10) PSY Depression/Anxiety Drug/Alcohol Addiction Sleep Disorder 11) ENDO Fever Heat or Cold Intolerance Night Sweats	O Heart S	Surgery	 Stents 		Total Hip Replac	ement	0	0
Other Surgery Other Orthopedic Surgery Other Orthopedic Surgery Medical Questions Mark all that currently apply: Metal in body Claustrophobic Pregnant Sleep Apnea Uses a CPAP Sno Are you taking blood thinners? Yes No Review of Systems Please indicate if you have experienced any of the following symptoms in the last 6 months? None for all 1) CON Weight Loss Loss of Appetite Fatigue 1) EYE Blurred Vision Double Vision Vision Loss 3) ENT Hearing Loss Hoarseness Trouble Swallowing 4) CV Chest Pain Palpitations 5) RS Chronic Cough Pneumonia Shortness of Breath 6) GI Heartburn, Ulcers Nausea, Vomiting Blood in Stool 7) GU Painful Urination Blood in Urine Kidney Problems 8) SK Frequent Rashes Skin Ulcers Lumps Psoriasis 9) NEU Frequent Falls Loss of Coordination Numbness 10) PSY Depression/Anxiety Drug/Alcohol Addiction Sleep Disorder 11) ENDO Fever Heat or Cold Intolerance Night Sweats	Hernia	Repair	'		Total Knee Repla	cement	0	0
Other Orthopedic Surgery Medical Questions Mark all that currently apply: Netal in body Claustrophobic Pregnant Sleep Apnea Uses a CPAP Snotare you taking blood thinners? Yes No None for all					Total Shoulder R	eplacemer	nt O	0
Medical Questions Mark all that currently apply: Metal in body Claustrophobic Pregnant Sleep Apnea Uses a CPAP Sno Are you taking blood thinners? Yes No Review of Systems Please indicate if you have experienced any of the following symptoms in the last 6 months? None for all None Comments None Substitute Substitu					Spinal Surgery -	Indicate Le	evel:	
Metal in body Claustrophobic Pregnant Sleep Apnea Uses a CPAP Sno Are you taking blood thinners? Yes No Review of Systems Please indicate if you have experienced any of the following symptoms in the last 6 months? None for all None Comments 1) CON Weight Loss Loss of Appetite Fatigue 2) EYE Blurred Vision Double Vision Vision Loss 3) ENT Hearing Loss Hoarseness Trouble Swallowing 4) CV Chest Pain Palpitations 5) RS Chronic Cough Pneumonia Shortness of Breath 6) GI Heartburn, Ulcers Nausea, Vomiting Blood in Stool 7) GU Painful Urination Blood in Urine Kidney Problems 8) SK Frequent Rashes Skin Ulcers Lumps Psoriasis 9) NEU Frequent Falls Loss of Coordination Numbness 9) NEU Change in Bowel Change in Bladder Dizziness 10) PSY Depression/Anxiety Drug/Alcohol Addiction Sleep Disorder 11) ENDO Fever Heat or Cold Intolerance Night Sweats								
None Comments 1) CON Weight Loss Loss of Appetite Fatigue Comments 2) EYE Blurred Vision Double Vision Vision Loss Image: Vision Loss of Comments Image:	0	Metal in body O		nt O S	leep Apnea 🛛	Uses a	CPAP O	Snore
1) CON Weight Loss	Are you tal	Metal in body Oking blood thinners? Systems	O Yes O No		ms in the last 6	i months	.?	Snore
2) EYE	Are you tal	Metal in body Oking blood thinners? Systems	O Yes O No		ms in the last 6	6 months	:? all	
3) ENT Hearing Loss Hoarseness Trouble Swallowing 4) CV Chest Pain Palpitations	Are you tal Review of Please indi	Metal in body Cking blood thinners? Systems icate if you have expe	Yes No	ing sympto	ms in the last 6	o months None for None	:? all	
4) CV Chest Pain Palpitations Shortness of Breath Shortness of Breath Pneumonia Shortness of Breath Shortness of Breath Pneumonia Shortness of Breath Shortness Shortness of Breath Shortness Shortness Shortness Shortness Shortness Shortness Skidney Problems Shortness Skin Ulcers Lumps Psoriasis Shortness Skin Ulcers Shortness Skin Ulcers Shortness Shortne	Are you tal Review of Please indi	Metal in body Cking blood thinners? Systems icate if you have expe Weight Loss	Yes No rienced any of the follow Loss of Appetite	ing sympto	ms in the last 6	o months None for	:? all	
Shortness of Breath	Are you tal Review of Please indi	Metal in body C king blood thinners? Systems icate if you have expe Weight Loss Blurred Vision	Yes No rienced any of the follow Loss of Appetite Double Vision	ing sympto Fatigue Vision I	ms in the last 6	o months None for	:? all	
6) GI	Are you tal Review of Please indi 1) CON 2) EYE 3) ENT	Metal in body C king blood thinners? Systems icate if you have expe Weight Loss Blurred Vision Hearing Loss	Yes No rienced any of the follow Loss of Appetite Double Vision Hoarseness	ing sympto Fatigue Vision I	ms in the last 6	None O	:? all	
7) GU Painful Urination Blood in Urine Kidney Problems 8) SK Frequent Rashes Skin Ulcers Lumps Psoriasis 9) NEU Frequent Falls Loss of Coordination Numbness Change in Bowel Change in Bladder Dizziness 10) PSY Depression/Anxiety Drug/Alcohol Addiction Sleep Disorder 11) ENDO Fever Heat or Cold Intolerance Night Sweats	Are you tal Review of Please indi 1) CON 2) EYE 3) ENT 4) CV	Metal in body C king blood thinners? Systems icate if you have expe Weight Loss Blurred Vision Hearing Loss Chest Pain	Yes No rienced any of the follow Loss of Appetite Double Vision Hoarseness Palpitations	Fatigue Vision I	ms in the last 6	o months None for	:? all	
8) SK	Are you tal Review of Please indi 1) CON 2) EYE 3) ENT 4) CV 5) RS	Metal in body C king blood thinners? Systems icate if you have expe Weight Loss Blurred Vision Hearing Loss Chest Pain Chronic Cough	Yes No rienced any of the follow Loss of Appetite Double Vision Hoarseness Palpitations Pneumonia	Fatigue Vision I Trouble	ms in the last 6	S months None for	:? all	
9) NEU Frequent Falls Change in Bowel Change in Bladder Dizziness 10) PSY Depression/Anxiety Drug/Alcohol Addiction Sleep Disorder The ENDO Fever Heat or Cold Intolerance Night Sweats	Are you tal Review of Please indi 1) CON 2) EYE 3) ENT 4) CV 5) RS 6) GI	Metal in body C king blood thinners? Systems icate if you have expe Weight Loss Blurred Vision Hearing Loss Chest Pain Chronic Cough Heartburn, Ulcers	Yes No rienced any of the follow Loss of Appetite Double Vision Hoarseness Palpitations Pneumonia Nausea, Vomiting	Fatigue Vision I Trouble Shortne	ms in the last 6 O I Loss Swallowing ess of Breath In Stool	None for	:? all	
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10) PSY Depression/Anxiety Drug/Alcohol Addiction Sleep Disorder 11) ENDO Fever Heat or Cold Intolerance Night Sweats	Are you tal Review of Please indi 1) CON 2) EYE 3) ENT 4) CV 5) RS 6) GI 7) GU	Metal in body C king blood thinners? Systems cate if you have expe Weight Loss Blurred Vision Hearing Loss Chest Pain Chronic Cough Heartburn, Ulcers Painful Urination Frequent Rashes	Yes No rienced any of the follow Loss of Appetite Double Vision Hoarseness Palpitations Pneumonia Nausea, Vomiting Blood in Urine Skin Ulcers	Fatigue Vision I Shortne Blood ii Kidney Lumps	ms in the last 6 O I Coss Swallowing ess of Breath n Stool Problems O Psoriasis	S months None for	:? all	
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,	Are you tal Review of Please indi 1) CON 2) EYE 3) ENT 4) CV 5) RS 6) GI 7) GU 8) SK 9) NEU	Metal in body C king blood thinners? Systems icate if you have expe Weight Loss Blurred Vision Hearing Loss Chest Pain Chronic Cough Heartburn, Ulcers Painful Urination Frequent Rashes Frequent Falls Change in Bowel	Yes No rienced any of the follow Loss of Appetite Double Vision Hoarseness Palpitations Pneumonia Nausea, Vomiting Blood in Urine Skin Ulcers Loss of Coordination Change in Bladder	Fatigue Vision I Shortne Blood ii Kidney Lumps Numbn	ms in the last 6 O I Loss Swallowing ess of Breath n Stool Problems O Psoriasis ess ess	None for	:? all	
12) HEM O Easy Bleeding O Easy Bruising O Anemia O	Are you tal Review of Please indi 1) CON 2) EYE 3) ENT 4) CV 5) RS 6) GI 7) GU 8) SK 9) NEU 10) PSY	Metal in body C king blood thinners? Systems icate if you have expe Weight Loss Blurred Vision Hearing Loss Chest Pain Chronic Cough Heartburn, Ulcers Painful Urination Frequent Rashes Frequent Falls Change in Bowel Depression/Anxiety	Yes No rienced any of the follow Loss of Appetite Double Vision Hoarseness Palpitations Pneumonia Nausea, Vomiting Blood in Urine Skin Ulcers Loss of Coordination Change in Bladder Drug/Alcohol Addiction	Fatigue Vision I Shortne Blood ii Kidney Lumps Numbn Dizzine	ms in the last 6 Loss Swallowing ess of Breath In Stool Problems Psoriasis ess ess isorder	None for	:? all	

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Patient Name: _____

Family His	 story					
Have any d	lirect relatives had any o	f the following disc	orders?	None for all		
Father	None	 Diabetes 	0	Heart Disease	0	Hypertension
	 Bleeding Problems 	 Epilepsy 	0	Connective Tissue	0	Muscular Dystrophy
	Stroke	 Osteoporosis 	0	Rheumatoid Arthritis	0	Cancer
	Comments (ex. cancer type	2)	'			
Mother	None	 Diabetes 	0	Heart Disease	0	Hypertension
	 Bleeding Problems 	 Epilepsy 	0	Connective Tissue	0	Muscular Dystrophy
	Stroke	 Osteoporosis 	0	Rheumatoid Arthritis	0	Cancer
	Comments (ex. cancer type	j)				
Sibling	None	 Diabetes 	0	Heart Disease	0	Hypertension
	 Bleeding Problems 	 Epilepsy 	0	Connective Tissue	0	Muscular Dystrophy
	Stroke	 Osteoporosis 	0	Rheumatoid Arthritis	0	Cancer
	Comments (ex. cancer type	<u></u>				
Do you smo Do you drin	oke tobacco? O Current,	ker O Light tobacco	smoker Rarely O	Never	ner sn	noker O Never
Do you drin Marital Stat Are you cur	oke tobacco? Current, o Heavy tobacco smol k alcohol? Daily tus: Married Single rently working? Yes	ker	smoker Rarely O idowed O O Disabled	Never Domestic Partnership If no, what date did you		
Do you smo Do you drin Marital Stat Are you cur Please list v	hke tobacco? Current, on Heavy tobacco smole with alcohol? Daily tus: Married Single rently working? Yes work restrictions, if any:	ker Light tobacco Occasionally	smoker Rarely O idowed O O Disabled	Never Domestic Partnership If no, what date did you	u last	work?
Do you smo Do you drin Marital Stat Are you cur Please list v Occupation	he tobacco? Current, on Heavy tobacco smole with alcohol? Daily tus: Married Single rently working? Yes work restrictions, if any:	ker Light tobacco Occasionally	smoker Rarely O idowed O O Disabled	Never Domestic Partnership If no, what date did you	u last	work?
Do you smo Do you drin Marital Stat Are you cur Please list v	he tobacco? Current, on Heavy tobacco smole with alcohol? Daily tus: Married Single trently working? Yes work restrictions, if any:	ving below, mark a	smoker Rarely idowed Disabled Marely	Never Domestic Partnership If no, what date did you	u last	work?tudent

_		or "Seasonal" Rea	action
-			
te	ex allergy? O Yes O	No	
 ea:	se list all medications you	ı take on a regular basis:	None
	dication	Dosage and Frequency (e	
_			
_			
_			
_			
_			
	you have a nersonal histor	y of any of the following?	○ None
		y of any of the following?	 None Kidney Disease
)	Aneurysm Where:	O Emphysema	Kidney Disease
)	Aneurysm Where:Angina (Chest Pain)	EmphysemaEpilepsy	Kidney DiseaseKidney Stones
))	Aneurysm Where:Angina (Chest Pain) Arthritis Type:	EmphysemaEpilepsyHeart Attack	Kidney DiseaseKidney StonesMRSA Infection
	Aneurysm Where: Angina (Chest Pain) Arthritis Type: Asthma	EmphysemaEpilepsyHeart AttackHepatitis Type:	Kidney DiseaseKidney StonesMRSA InfectionPacemaker
	Aneurysm Where: Angina (Chest Pain) Arthritis Type: Asthma Bone or Joint Infections	 Emphysema Epilepsy Heart Attack Hepatitis Type: HIV / AIDS 	 Kidney Disease Kidney Stones MRSA Infection Pacemaker Phlebitis (Blood Clots)
	Aneurysm Where: Angina (Chest Pain) Arthritis Type: Asthma Bone or Joint Infections Cancer Type:	 Emphysema Epilepsy Heart Attack Hepatitis Type: HIV / AIDS High Cholesterol 	 Kidney Disease Kidney Stones MRSA Infection Pacemaker Phlebitis (Blood Clots) Pulmonary Embolism
	Aneurysm Where: Angina (Chest Pain) Arthritis Type: Asthma Bone or Joint Infections Cancer Type: Chemotherapy / Radiation	 Emphysema Epilepsy Heart Attack Hepatitis Type: HIV / AIDS High Cholesterol Hypertension 	 Kidney Disease Kidney Stones MRSA Infection Pacemaker Phlebitis (Blood Clots) Pulmonary Embolism Reaction to Anesthesia Type:
	Aneurysm Where: Angina (Chest Pain) Arthritis Type: Asthma Bone or Joint Infections Cancer Type: Chemotherapy / Radiation COPD	 Emphysema Epilepsy Heart Attack Hepatitis Type: HIV / AIDS High Cholesterol Hypertension Hyperthyroidism 	 Kidney Disease Kidney Stones MRSA Infection Pacemaker Phlebitis (Blood Clots) Pulmonary Embolism Reaction to Anesthesia Type: Seizures
	Aneurysm Where: Angina (Chest Pain) Arthritis Type: Asthma Bone or Joint Infections Cancer Type: Chemotherapy / Radiation COPD Congestive Heart Failure	Emphysema Epilepsy Heart Attack Hepatitis Type: HIV / AIDS High Cholesterol Hypertension Hyperthyroidism Hypothyroidism	 Kidney Disease Kidney Stones MRSA Infection Pacemaker Phlebitis (Blood Clots) Pulmonary Embolism Reaction to Anesthesia Type: Seizures Stomach Ulcers
	Aneurysm Where: Angina (Chest Pain) Arthritis Type: Asthma Bone or Joint Infections Cancer Type: Chemotherapy / Radiation COPD	 Emphysema Epilepsy Heart Attack Hepatitis Type: HIV / AIDS High Cholesterol Hypertension Hyperthyroidism 	 Kidney Disease Kidney Stones MRSA Infection Pacemaker Phlebitis (Blood Clots) Pulmonary Embolism Reaction to Anesthesia Type: Seizures

Date

Signature

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Patient Name: _