

Allegiance Orthopedics Personal and Family Health History

Name:

Birth date:

Age:

Patient History- please answer yes or no to each item			Please list allergies
Illness	Yes	No	
Cancer			
Hypertension			
Heart Disease/ heart attack			
Diabetes			
Stroke			
Mental Disease			
Drug or Alcohol addiction past /present			
Rheumatoid arthritis			Please list all surgeries and hospital stays and dates
Bleeding diseases			
Osteoporosis			
Asthma			
Gastrointestinal problems			
Hepatitis circle type: A B C			
HIV/AIDS			

Pleas list all your prescriptions, what the dose is; how many times a day their taken and why you take them			
Name of prescription	Dose	Times a day	Reason

Family history of illness- and who had the disease	Social history		
Cancer	habit	yes no	how often
Stroke	Alcohol		
Diabetes	Drugs		
Heart disease	Smoking		
Hypertension	Chew tobacco		

Name:

Birth date:

Age:

Constitutional:	Yes	No
Good general health lately		
recent weight change		
fatigue		
headaches		
fever		
Cardiovascular		
heart trouble		
chest pain or angina		
palpitations		
shortness of breath while walking		
swelling feet, ankles or hands		
Respiratory		
Chronic/frequent cough		
shortness of breath		
asthma or wheezing		
Hematologic/Lymphatic		
cuts are slow to heal		
bleeding/bruising easily		
anemia		
phlebitis		
any transfusions		
enlarged glands		
Allergic		
History of reaction to:		
latex		
iodine or other antiseptics		
Have you or any family members had any problems with anesthesia?		
Do you have a history of malignant hyperthermia?		

Musculoskeletal	Yes	No
joint pain		
joint stiffness/swelling		
weakness of muscles or joints		
back pain		
cold extremities		
difficulty in walking		
Neurological		
frequent/recurring headaches		
light headed/dizzy		
convulsions/seizures		
numbness or tingling		
tremors		
head injury		
Psychiatric		
memory loss or confusion		
nervousness		
depression		
insomnia		
Endocrine		
thyroid disease		
diabetes's		
excessive thirst or urination		
heat or cold intolerance		
Please list food and environmental allergies:		

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Patient/Patient's Representative

Date