Davis Orthopedics

New Patient - Injury/Accident/Med History

Patient's Full Name _____ Age: _____

Referring Physician: _____ How did you hear about us? _____

CURRENT COMPLAINT:
What body part is affected?

Neck	Upper back	Lower back	
Shoulder (Right/Left)	Elbow (Right/Left)	Wrist (Right/Left)	Hand (Right/Left)
Hip (Right/Left)	Knee (Right/Left)	Ankle (Right/Left)	Foot (Right/Left)

Other: _____

How long have your symptoms been present? ___Days ___Weeks ___Months ___Years
If you had a specific injury, please provide date (month/day/year) _____/_____/_____
Describe injury: _____

CURRENT MEDICATIONS

MEDICATON	DOSE	REASON FOR MEDICATION

ALLERGIES - MEDICATION or LATEX

MEDICATION or LATEX	REACTION

***Preferred Pharmacy**: _____ **Phone:** _____
Address/location: _____

CURRENT MEDICAL PROBLEMS: (those requiring current treatment)

___ congestive heart failure	___acid reflux	___ ADD/ADHD	___ arthritis
___ mitral valve prolapse	___ Crohn's	___ Alzheimer's	___ Rheumatoid arthritis
___ high blood pressure	___ GERD	___ anxiety	___ herniated disc
___ DVT	___ IBS	___ dementia	___ osteoporosis
___ angina	___ peptic ulcer	___ depression	___ osteomyelitis
___ stroke	___ ulcerative colitis	___ bipolar	___ neuropathy
___ arrhythmia	___ kidney disease	___ Diabetes	___restless leg
___ anemia	___ HIV	___ diverticulitis	___ gout
___ bleeding	___ Lupus	___ BPH	___ blindness
___ Thrombocytopenia	___ Asthma	___ Cancer	___ deafness
___ COPD	___ Hepatitis	___ hyperthyroid	
___ vertigo	___ Sickle cell	___ hypothyroid	

Other:_____

PREVIOUS MEDICAL PROBLEMS: [] None
HEART: ___Heart attack ___Heart defect ___Heart valve ___Coronary artery disease ___Stent ___Angioplasty
CANCER:_____
___Peptic ulcer ___Peripheral vascular disease ___diabetes ___kidney disease
___Blood clot ___DVT ___Pulmonary embolism ___Bleeding disorder_____
Immune system disorder _____

PREVIOUS SURGERIES:
_____
_____