

PATIENT HEALTH HISTORY

INFINITY ORTHOPEDICS



REASON FOR TODAY'S

VISIT _____

MOST RECENT:

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____

PLEASE PROVIDE
ADDITIONAL INFO ON THE
BACK OF THIS SHEET!!!!

DOES YOUR PAST OR CURRENT MEDICAL HISTORY
INCLUDE ANY OF THE FOLLOWING? (CIRCLE OR
FILL IN WHERE APPROPRIATE)

HIGH BLOOD PRESSURE	YES	NO
HIGH CHOLESTEROL	YES	NO
HEART ATTACK	YES	NO
HEART MURMUR	YES	NO
TYPE _____		
HEART ARRHYTHMIA	YES	NO
TYPE _____		
ASTHMA/COPD	YES	NO
SLEEP APNEA	YES	NO
CPAP? _____		
TUBERCULOSIS	YES	NO
DIABETES	YES	NO
INSULIN USE? _____		
THYROID DISEASE	YES	NO
TYPE _____		
ULCERS	YES	NO
GERD	YES	NO
HEPATITIS	YES	NO
TYPE _____		
COLITIS	YES	NO
TYPE _____		
LIVER DISEASE	YES	NO
TYPE _____		
SEIZURE DISORDER	YES	NO
HEADACHES	YES	NO
BLOOD DISORDER	YES	NO
TYPE _____		
LEUKEMIA/LYMPHOMA	YES	NO
LUPUS	YES	NO
RHEUMATOID	YES	NO
HIV/AIDS	YES	NO
BLADDER DISEASE	YES	NO
TYPE _____		
PROSTATE DISEASE	YES	NO
KIDNEY DISEASE	YES	NO
TYPE _____		
DEPRESSION/ANXIETY	YES	NO
OTHER PSYCH ISSUE _____		
SKIN DISEASE	YES	NO
TYPE _____		
ARTHRITIS	YES	NO
FRACTURES	YES	NO
WHERE _____		
CANCER	YES	NO
TYPE _____		
OTHER _____		

DRUG ALLERGIES _____

NON-DRUG ALLERGIES _____

PLEASE LIST ALL MEDICATIONS AND DOSE

PLEASE LIST ALL SURGERIES/
HOSPITALIZATIONS

HAVE YOU EVER HAD AN ADVERSE
REACTION TO ANESTHESIA?

YES NO

IF YES, DESCRIBE _____

SOCIAL HISTORY(CIRCLE OR FILL IN WHERE
APPROPRIATE)

CURRENT SMOKER YES NO
PREVIOUS SMOKER YES NO
IF YES, PACKS/DAY _____

ALCOHOL USE
DAILY WEEKLY OCCASIONALLY NEVER

CURRENT DRUG USE YES NO
PRIOR DRUG USE YES NO
IF YES, TYPE _____

EXERCISE
REGULARLY RARELY NEVER
TYPE _____

DO YOU LIVE ALONE YES NO

DIETARY RESTRICTIONS _____

FAMILY HISTORY(CIRCLE OR FILL IN WHERE
APPROPRIATE)

HEART DISEASE	YES	NO
HIGH BLOOD PRESSURE	YES	NO
HIGH CHOLESTEROL	YES	NO
DIABETES	YES	NO
ARTHRITIS	YES	NO
SEIZURE DISORDER	YES	NO
ASTHMA/LUNG ISSUE	YES	NO
OBESITY		YES NO
BLEEDING DISORDER	YES	NO
TYPE _____		
AUTO-IMMUNE ISSUE	YES	NO
TYPE _____		
CANCER	YES	NO
TYPE _____		

FOR WOMEN ONLY:

ARE YOU PREGNANT?
YES NO

BY SIGNING BELOW I ACKNOWLEDGE THE ABOVE INFORMATION TO BE TRUE AND COMPLETE AND I HAVE NOT WITHHELD
IMPORTANT HEALTH HISTORY FROM THE PROVIDERS OF INFINITY ORTHOPEDICS

SIGNATURE _____ DATE _____