pb&j | princeton bone and joint

Medical History

NAME: _____

DATE OF BIRTH: _____ AGE: _____

CHIEF COMPLAINT (reason for visit, body part injured): **LEFT** or **RIGHT** extremity involved.

_____
_____
_____
_____

When did symptoms begin (date of injury, rough estimate of onset)? _____
_____

Please indicate if this is due to: Motor Vehicle _____ Worker's Comp. _____

SPECIFIC SYMPTOM COMPONENTS (include location, severity, when occurs, quality, duration, context, associated symptoms)

_____
_____
_____

PAST MEDICAL HISTORY: Please list all hospitalizations (including surgeries) with problem, approximate date, location of hospital, and treating physician:

Problem	Date	Hospital	Physician

List all medications with dosage and frequency; be sure to include MAO inhibitors, anticoagulants:

Medications (attach list if extensive)	Dosage	Frequency

Drug Allergies or Adverse Reactions (include nickel, latex,penicillin, aspirin, anti-inflamatory drugs, local anesthetic):

[ ] No Known Allergies

_____

_____

PHARMACY Name:_____ Street/Town:_____

SOCIAL HISTORY:

Marital Status: single / married / separated / divorced

Dominant hand: Right / Left

Activity Level Exercise	Frequency of Exercise	Type of
Sedentary (1 MET)	None	Walking
Moderate (3-6 METs)	1x per week	Jogging
Vigorous (>6 METs)	2x per week	Treadmill
	3 x per week	Cycling
	Daily	Sports
		Weight Training
		Yoga/ Pilates

Hobbies/Activities _____

Type of Diet _____

Occupation: Retired / Disabled / Unemployed

REVIEW OF SYSTEMS:

General Health: Excellent / Good / Fair / Poor

Height: _____ Weight: _____ constant / recent loss / recent gain

Signature of person completing form

Signature: _____Date:_____

Relationship to Patient: _____