

MESQUITE ORTHOPEDIC CLINIC
GENERAL MEDICAL HISTORY --PAGE 2

****NOT APPLICABLE (NA) IF LEFT BLANK****

MEDICATION ALLERGIES

- Penicillin rash, breathing problems, required hospitalization, nausea/vomiting
- Sulfa rash, breathing problems, required hospitalization, nausea/vomiting
- Keflex rash, breathing problems, required hospitalization, nausea/vomiting
- Codeine rash, breathing problems, required hospitalization, nausea/vomiting
- Other rash, breathing problems, required hospitalization, nausea/vomiting
- None

Family Medical History

- Mother: alive and well - age _____ alive but suffers with _____ age _____
 deceased: cause- _____ age of death _____
- Father: alive and well - age _____ alive but suffers with _____ age _____
 deceased: cause- _____ age of death _____

Members of my family (parents, children, brothers, sisters, grandparents, aunts, uncles suffer with the following:

- stroke high blood pressure diabetes I don't know
- heart trouble lung disease arthritis
- back problems cancer: type _____
- Other: _____

Social History

- married separated, divorced, widowed, single -- number of children _____ at home away
- work as a _____
- I am retired from _____
- Student
- I live with my children or relatives: explain _____
- I drink: beer, wine, "hard" drinks, none, daily, socially
 I honestly consider myself to drink too much, Others think I drink to much
- I smoke: cigar, pipe cigarettes, packs/day for _____ years
- My recreational activities include: jogging, bicycling, sports: list _____

Review Systems –Do you have problems with:

- eyes, ears, nose, throat, explain: _____
- skin, moles, spots, sores, explain: _____
- unusual lumps or bumps under skin-- like enlarged lymph nodes, explain: _____
- trouble breathing, shortness of breath, cough, pain in breathing, other _____
- chest pain/discomfort: sharp, aching arm discomfort along with chest discomfort,
 with activity, after meals, when under stress, other _____
- trouble with stomach or bowels, nausea/vomiting, stomach pain, bleeding in bowels,
 diarrhea, constipation, black/tarry stools, other _____
- trouble with legs, fatigue with walking/relieved by rest other _____
- trouble with nerves
 anxious/fearful
 I feel down/depressed

Females

- Is there a chance of you being pregnant? yes no
Date of your last menstrual period? _____