University of California Irvine Medical Center
ORTHOPAEDIC PATIENT HISTORY

Name:	**Date:**	**Age:**
CHIEF COMPLAINT: What orthopaedic problem brings you here today?		
HISTORY OF PRESENT INJURY: How did it happen?		
WORK RELATED? YES NO		
HOW LONG HAVE YOU HAD IT?		
HAS IT GOTTEN WORSE RECENTLY?		
WHAT MAKES IT BETTER?		
WHAT MAKES IT WORSE?		
ANY PREVIOUS TREATMENTS?		
PAST MEDICAL HISTORY/ILLNESSES: Any serious medical problems? (Diabetes, rheumatoid arthritis, high blood pressure, heart attacks, infections, etc.)		
SURGERIES: (Previous surgery? When & What type of surgery?)		
MEDICATIONS: List all medications you take routinely. Name of medicine and strength. How many times a day.		
ALLERGIES: Are you allergic to any medications, foods, prep solutions, or materials?		
FAMILY HISTORY: Any medical problems in your family, Mother? or Father?		
SOCIAL HISTORY: What kind of work do you do?:		
DO YOU PARTICIPATE IN ANY RECREATIONAL ACTIVITIES? ANY OTHER INTERESTS?		
DO YOU SMOKE TOBACCO? If so, how much?		
DO YOU DRINK ALCOHOL? If so, how much?		
OTHER INFORMATION?		

Review of Symptoms

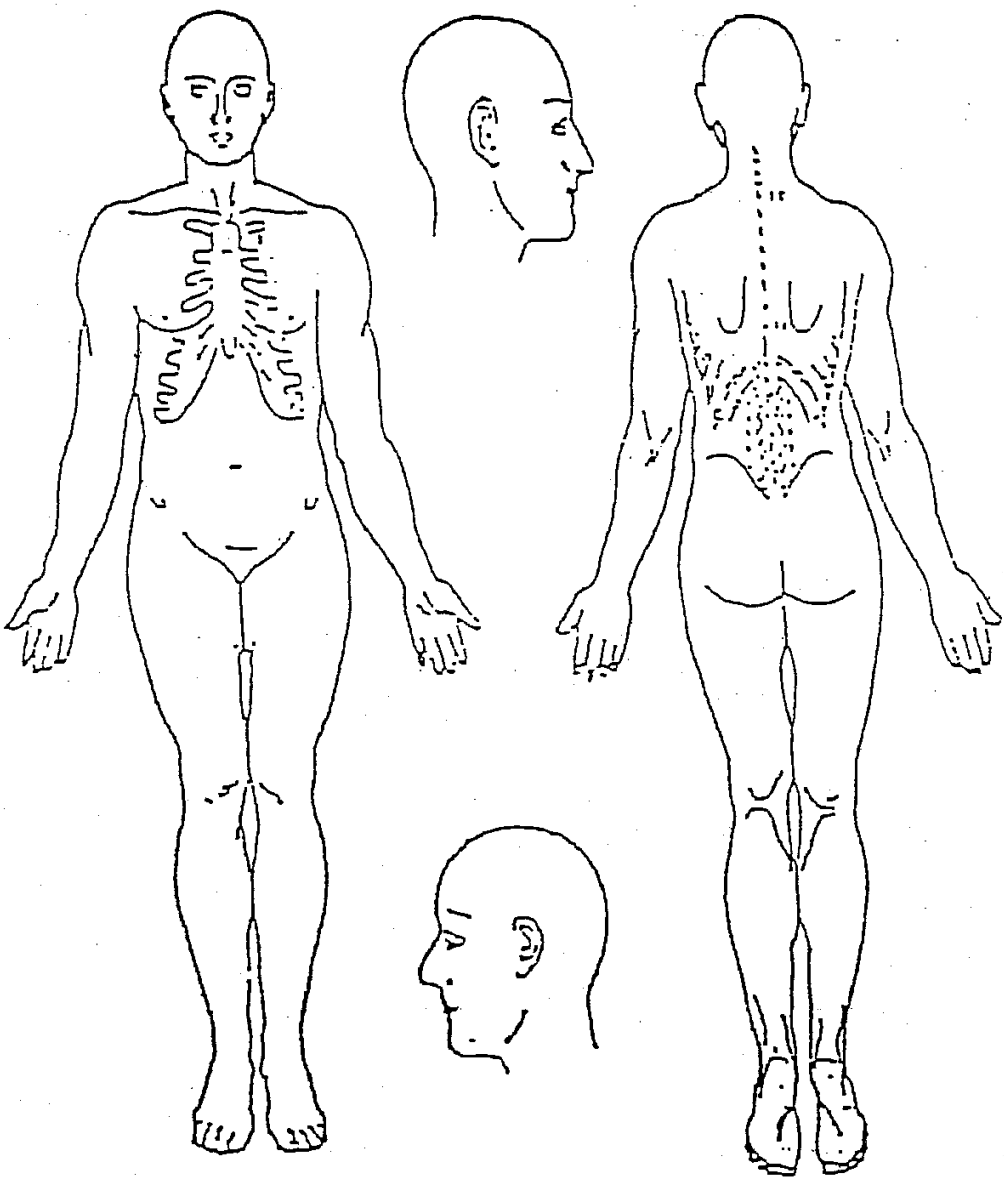
Constitutional:	Weight Loss?_____Weight Gain?_____Fatigue_____
Skin:	Rashes?_____Sores?_____
Eyes:	Visual Difference?_____Eye Irritation?_____
Ears, Nose, Throat:	Sore Throat?_____Difficulty Swallowing?_____EarAches?_____
Gastrointestinal:	AbdominalPain?____Nausea?____Vomiting?____Jaundice?_____
Genitourinary:	Painful Urination?___Bloody Urine?____Urination at Night?____
Respiratory:	Chronic Cough?_____Shortness of Breath?_____
Cardiovascular:	Chest Pain?_____Palpitations?_____
Musculoskeletal:	Joint Pain?_____Swollen Joints?_____Sore Muscles?_____
Neurologic:	Numbness?_____Weakness?_____
Hematologic:	Anemia?_____Bleeding Tendencies?_____

Reviewed with Patient	**Date**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PAIN DIAGRAM

Please mark your areas of discomfort, using the symbols listed below. Include areas where your discomfort travels.

NUMBNESS = = = PINS & NEEDLES X X X STABBING / / / ACHING PAIN (((



DATE: _____ SIGNATURE: _____