**Name**_____

**Age**____ **Weight**_____ **Height**_____ **Race**_____ **Language**_____ **Ethnicity**_____

**PROBLEM AREA FOR THIS EVALUATION** _____

Are you: __ **Right Handed** __**Left Handed**

How long has this been a problem? _____

What have you done to alleviate this problem? _____

Tests (XRAY/MRI) performed for this problem? _____ Where? _____

**MEDICAL HISTORY:**

Please place an (X) before any of the following that apply to you:

| | | |
|---|---|---|
| ___Sleep Apnea | ___Eye Problem | ___Phlebitis |
| ___Immune Deficiency Disorder | ___Headaches | ___Rheumatic Fever |
| ___Alcoholism | ___Heart Disease | ___Stroke |
| ___Anemia | ___Hepatitis | ___Tuberculosis |
| ___Anxiety | ___HIV | ___Thyroid Disease |
| ___Bleeds easily/bleeding disorder | ___High Blood Pressure | ___Ulcer, Stomach |
| ___Cancer, Tumor | ___Low Blood Pressure | ___Weight Loss |
| ___Depression | ___Kidney Disease | ___Weight Gain |
| ___Diabetes | ___Liver Problems | ___Other _____ |
| ___Epilepsy | ___Lung Disease | |

**HOSPITALIZATION/SURGERY:**

List illness or operations & approximate year

1._____

2._____

3._____

4._____

**MEDICATIONS:**

List all MEDICATION AND DOSAGE with or without a prescription

| | |
|---|---|
| 1._____/_____ | 4._____/_____ |
| 2._____/_____ | 5._____/_____ |
| 3._____/_____ | 6._____/_____ |

**DO YOU HAVE A METAL ALLERGY**: YES/NO

**DRUG/FOOD ALLERGIES**: Are you allergic to any medications or food? ____NO _____YES

If yes, please list:

_____

**SOCIAL HISTORY**

_____Married _____ Divorced _____ Single ____Widowed

Do you smoke? ___YES ___NO If yes, how many packs/day? _____

Do you drink? ___YES ___NO If yes, how much/day? _____

Any history of drug abuse? ___YES ___NO If yes, what drugs? _____

**FAMILY HISTORY:** List illnesses of blood relatives

| | |
|---|---|
| _____ | Who: _____ |
| _____ | Who: _____ |
| _____ | Who _____ |

**PHARMACY NAME/ADDRESS & PHONE**

_____

Have you had other orthopedic problems? Fractured any bones? Dislocated any joints? ___YES __NO

If yes, please explain: _____

_____

**CERTIFICATE OF AUTHENTICITY:**

I hereby certify that the above information is true and correct within the best of my ability?

Signed: _____ Date:_____