



# New Patient Medical Profile for Dr. Sean Baran

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Age: \_\_\_\_\_

## Visit Information

Reason for visit: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Type of pain:     Ache     Sharp     Throb     Shooting     Dull     Click/Pop      Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_

Severity: None 0 1 2 3 4 5 6 7 8 9 10 Intolerable      Duration of pain: \_\_\_\_\_      Location: \_\_\_\_\_

Pain Aggravated By:

- Standing       Walking       Lying
- Sitting       Working       Stairs
- Sleeping       Driving

Treatments Attempted:

- Pain Medication       NSAID       Rest
- Cane/Walker       Wheelchair       Ice
- Physical Therapy       Surgery       NONE

## Medical History

Please list any health problems that you are currently diagnosed with:

- Diabetes
- High Blood Pressure
- Heart Disease
- DVT (blood clots)
- Liver Disease
- Kidney Disease
- Cancer
- Pulmonary Embolism
- Lung Disease
- Asthma
- Stomach Ulcers
- Rheumatoid Arthritis
- Thyroid Problems
- Depression
- Chronic Headache
- Osteoarthritis/Gout

Infections: Please explain: \_\_\_\_\_      Height \_\_\_\_\_

Other Illnesses: \_\_\_\_\_      Weight \_\_\_\_\_

## Surgical History

Please list any previous surgeries and approximate date.

Surgery:	Date:	Surgery:	Date:
_____	____/____/____	_____	____/____/____
_____	____/____/____	_____	____/____/____
_____	____/____/____	_____	____/____/____

NONE      Known Allergies to Anesthesia:     Y     N      Describe: \_\_\_\_\_

## Medications

Please list any medication you currently use, including prescription, over the counter, vitamins, herbs.

Medication:	Dose:	Medication	Dose:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Allergies

Known Drug Allergies:

- None Known
- Penicillin
- Sulfa
- Iodine
- Latex
- Aspirin
- Codeine
- Ibuprofen
- Other:

Please Turn Over →

