Orthopaedic Surgical Associates

PLEASE COMPLETE THOROUGHLY, IF CONDITIONS DO NOT APPLY, PLEASE CIRCLE N/A IF NOT FILLED OUT COMPLETELY, YOU WILL BE ASKED TO GO OVER FORM AGAIN

NAME: Mide/ Female Mide/ Mide/ Female Mide/		MEDICINE ALLERGIES: None
Male / Female Right Handed / Left Handed / Left Handed Weight: Please describe your injuryiliness: Please describe your injuryiliness: Please circle all that you have been treated for and list any surgeries: Please circle all that you have been treated for and list any surgeries: Please Circle all that you have been treated for and list any surgeries: Please Circle all that you have been treated for and list any surgeries: Please Circle all that you have been treated for and list any surgeries: Please Circle all that you have been treated for and list any surgeries: Please Circle all that you have been treated for and list any surgeries: Please Circle all that you have been treated for and list any surgeries: Please Circle all that you have been treated for and list any surgeries: Please Circle all that you have been treated for and list any surgeries: Please Circle all that you have been treated for and list any surgeries: Please Circle all that you have been treated for and list any surgeries: Please Circle all that you have been treated for and list any surgeries: Please Circle all that you have been treated for and list any surgeries: Please Circle all that you have been treated for and list any surgeries: Please Circle all that you have been treated for and list any surgeries: Please Circle all that you have been treated for and list any surgeries: Please of Circle all that you have been treated for and list any surgeries: Please Circle all that you have been treated for and list any surgeries: Please Circle all that you have been treated for and list and surgeries: Please Circle all that you have been treated for and list and surgeries: Please Circle all that any surgeries: Please Circle all that you have been treated for and list any surgeries. Please Circle all that you have been treated for and list and surgeries. Please Circle all that any surgeries. Please Circle all that any surgeries. Please Circle all that you have been treated for and list and surgeries. Please Circl		MEDICINE ALLERGIES. None
Please describe your injury/illness: Please describe your injury/illness: Please describe your injury/illness: Please circle all that you have been treated for and list any surgeries: Assisted Living Facility — Nursing Home — Steps to the Second Floor — Ramp — Elevator — Steps to the Second Floor — Bedoman and Bathroom on the First Floor. Yes / No — Cocupation: Coronary Artery Disease Bypass Surgery Catherization Anapopless's Steps Hacement — LUNGS; Shortness of Breath Emphysema Pneumonia NA Asthma Pulmonary Embolism — Steps to the Second Floor — Stopped Smoking — Years A Alcohol: Year / No — Packs Par Day x — Years — Vaping per day — Year Stopped Smoking — Year A Alcohol: Year / No — Packs Par Day x — Years — Alcohol: Year / No — Packs Par Day x — Years — Alcohol: Year / No — Packs Par Day x — Years — Alcohol: Year / No — Packs Par Day x — Years — Alcohol: Year / No — Packs Par Day x — Years — Alcohol: Year / No — Packs Par Day x — Years — Alcohol: Year / No — Packs Par Day x — Years — Alcohol: Year / No — Packs Par Day x — Years — Alcohol: Year / No — Packs Par Day x — Years — Alcohol: Year / No — Packs Par Day x — Years — Alcohol: Year / No — Packs Par Day x — Years — Alcohol: Year / No — Day x — Years — Alcohol: Year / No — Packs Par Day x — Years — Alcohol: Year / No — Packs Par Day x — Years — Alcohol: Year / No — Packs Par Day x — Years — Alcohol: Year / No — Packs Par Day x — Years — Alcohol: Year / No — Packs Par Day x — Years — Alcohol: Year / No — Packs Par Day x — Years — Alcohol: Year / No — Day x — Years — Alcohol: Year / No — Packs Par Day x — Years — Alcohol: Year / No — Day x — Years — Alcohol: Year / No — Packs Par Day x — Years — Alcohol: Year / No — Packs Par Day x — Years — No — Year / No — Packs Par Day x — Years — No — Year / No — Packs Par Day x — Years — No — Year / No — Packs Par Day x — Years — No — Year / No — Packs Par Day x — Years — No — Year / No — Year / No — Packs Par Day x — Years — No — Year / No — Y		SOCIAL HISTORY:
Please describe your injury/illness: Please circle all that you have been treated for and list any surgeries:	- -	
Assisted Linking FacilityNursing Home		
Steps to Enter House		Mobile Home
Seges to the Second Floor any surgeries: HEART: Chest Pain Palpitations Heart Failure Pacemaker N/A Irregular Heart Rate. Valve Replacement Hypertension Hypercholesterol Phiebits Cellulist Lymphedma Coronary Artery Disease Bypass Surgery Catherization Angiopilasty Stent Placement LUNGS: Shortness of Breath Emphysema Pneumonia N/A Asthma Pulmonary Embolism GASTROINTESTINAL: Reflux Disease Hiatal Hemia N/A Hemorrhoids Abdominal Acritic Aneurysm Gallstones Gallbladder Removal Appendectomy Colon Resection Hepatitis Bowel Incontinence GENITOURINARY: Frequent Uninary Tract infections N/A Kidney Stones Enlarged Prostate Indwelling Catheter Blader Incontinence Prostate Surgery Hysterectomy MUSCULOSKELETAL: Fractures Osteoarthritis Neck Pain N/A Rheumatold Arthritis Osteoporosis Low Back Pain Scoliosis Disc Disease MENTAL HEALTH: Depresion Anxiety Bipolar Disorder N/A PRIDOCRINE: Diabetes Hypothyroid N/A MENTAL HEALTH: Depresion Anxiety Bipolar Disorder N/A Panic Attacks Schizophrenia CANCER: Location: N/A Surgery: Chemic Yes / No Radiation: Yes / No MEDICATIONS: Seges to the Second Floor Bedroom and Bathroom on the First Floor: Yes / No Occupation: Currently Working Not Workin		Assisted Living Facility Nursing Home
Bedroom and Bathroom on the First Floor: Yes / No Occuperation: Currently Working		Steps to Enter House Ramp Elevator
According to the pain Palpitations Heart Failure Pacemaker N/A irregular Heart Rate Valve Replacement Hypertension (Hypercholeoteral Pulabitis Cellulitis Lymphedema Coronary Artery Disease Bypass Surgery Catherization Angiopialsy Stent Placement (Lymphysema Pneumonia N/A Astina Pulmonary Embolism (Lymphysema Pneumonia N/A Astina Palpitation Potential Potenti		Steps to the Second Floor
Smoking/Vaping: Yes / No		
Acchol: Yes / No Daily / Socially Alcohol: Yes / No Daily / Socially IMMEDIATE FAMILY (Mom Dad, Siblings) MEDICAL HISTORY Family Member Medical History Of Medical		
LUNGS: Shortness of Breath Emphysema Pneumonia N/A Asthma Pulmonary Embolism GASTROINTESTINAL: Reflux Disease Hiatal Hernia N/A Hemorrhoids Abdominal Aortic Aneurysm Gallstones Gallbladder Removal Appendectomy Colon Resection Hepatitis Bowel Incontinence Hepatitis Bowel Incontinence GENITOURINARY: Frequent Uninary Tract Infections N/A Kidney Stones Enlarged Prostate Indwelling Catheter Blader Incontinence Prostate Surgery Hysterectomy NEUROLOGICAL: Stroke Traumatic Brain Injury N/A Closed Head Injury Intracranial Hemorrhage Herniated Disc Carpal Tunnel Syndrome Sciatica Limb Numbness/Tingling MUSCULOSKELETAL: Fractures Osteoarthritis Neck Pain N/A Rheumatoid Arthritis Osteoporosis Low Back Pain Scoliosis Disc Disease MUSCULOSKELETAL: Fractures Osteoarthritis Neck Pain N/A Rheumatoid Arthritis Osteoporosis Low Back Pain Scoliosis Disc Disease MEDIOCRINE: Diabetes Hypothyroid N/A ENDOCRINE: Diabetes Hypothyroid N/A MENTAL HEALTH: Depresion Anxiety Bipolar Disorder N/A Panic Attacks Schizophrenia CANCER: Location: N/A MEDICATIONS: MEDICATIONS: MMEDICATIONS MMEDICATE FAMILY (Mom Dad, Siblings) MEDICAL HISTORY. Medical History Of Medical H		
Astrona Pulmonary Embolism GASTROINTESTINAL: Reflux Disease Hiatal Hernia N/A Hemorrhoids Abdominal Aortic Aneurysm Gallstones Gallbladder Removal Appendectomy Colon Resection Hepatitis Bowel Incontinence GENITOURINARY: Frequent Uninary Tract Infections N/A Kidney Stones Enlarged Prostate Indwelling Catheter Blader Incontinence Prostate Surgery Hysterectomy MEUROLOGICAL: Stroke Traumatic Brain Injury N/A Closed Head Injury Intracranial Hemorrhage Herniated Disc Carpal Tunnel Syndrome Sciatica Limb Numbness/Tingling MUSCULOSKELETAL: Fractures Osteoarthritis Neck Pain N/A Rheumatold Arthritis Osteoporosis Low Back Pain Scoliosis Disc Disease ENDOCRINE: Diabetes Hypothyroid N/A ENDOCRINE: Diabetes Hypothyroid N/A MENTAL HEALTH: Depresion Anxiety Bipolar Disorder N/A Panic Attacks Schizophrenia MENTAL HEALTH: Depresion Anxiety Bipolar Disorder N/A Panic Attacks Schizophrenia CANCER: Location: N/A MEDICATIONS: FUNCTIONAL HISTORY: Doyou need help with the following: Yes No Getting In/Out of bed Feeding Yourself Lower Body Dressing Grooming Yourself Gotting In/Out of Chairs Getting In/Out of Chairs Getting In/Out of Chairs Getting In/Out of Tub or Shower Equipment Used For Walking: Cane Wheelchair Walker REVIEW OF SYMPTOMS: (Please circle all that apply) Cons: Fever Chills Weakness Insomnia Fatigue N/A Eyes: Glasses Blurred Vision Double Vision N/A ENT: Hearing Aid Tinnitus N/A CYS: Chest Pain Palpitations DOE N/A Resp: SOB Cough N/A GI: Nausea Vorniting Diarrhea Constipation Incontinence N/A Neuro: Numbness Tingling Burning "Pins & Needles" N/A Skin: Rash Ulceration Surgical Wound N/A Lymph / Heme: Swollen Glands Increased Bruising or Bleeding N/A Other: PRIMARY CARE DR.: PRIMARY CARE DR.: PRIMARY CARE DR.: PRIMARY CARE DR.:	Angiopiasty Stent Placement	Alcohol: Yes / No Dally / Socially
Astrona Pulmonary Embolism GASTROINTESTINAL: Reflux Disease Hiatal Hernia N/A Hemorrhoids Abdominal Aortic Aneurysm Gallstones Gallbladder Removal Appendectomy Colon Resection Hepatitis Bowel Incontinence GENITOURINARY: Frequent Uninary Tract Infections N/A Kidney Stones Enlarged Prostate Indwelling Catheter Blader Incontinence Prostate Surgery Hysterectomy NEUROLOGICAL: Stroke Traumatic Brain Injury N/A Closed Head Injury Intracranial Hemorrhage Herniated Disc Carpal Tunnel Syndrome Sciatica Limb Numbness/Tingling MUSCULOSKELETAL: Fractures Osteoarthritis Neck Pain N/A Rheumatold Arthritis Osteoporosis Low Back Pain Scoliosis Disc Disease ENDOCRINE: Diabetes Hypothyroid N/A ENDOCRINE: Diabetes Hypothyroid N/A MENTAL HEALTH: Depresion Anxiety Bipolar Disorder N/A Panic Attacks Schizophrenia MENTAL HEALTH: Depresion Anxiety Bipolar Disorder N/A Panic Attacks Schizophrenia CANCER: Location: N/A Surgery: Yes No Getting In/Out of bed Feeding Yourself Lower Body Dressing Grooming Yourself Grooming Yourself Getting In/Out of Chairs Getting In/Out of Chairs Getting In/Out of Chairs Getting In/Out of Tub or Shower Equipment Used For Walking: Cane Wheelchair Walker REVIEW OF SYMPTOMS: (Please circle all that apply) Cons: Fever Chills Weakness Insomnia Fatigue N/A Eyes: Glasses Blurred Vision Double Vision N/A ENT: Hearing Aid Tinnitus N/A CVS: Chest Pain Papilations DOE N/A Resp: SOB Cough N/A GI: Nausea Vomiting Diarrhea Constipation Incontinence N/A Musc: Pain Weakness Decreased ROM N/A Neuro: Numbness Tingling Burning 'Pins & Needles' N/A Skin: Rash Ulceration Surgical Wound N/A Lymph / Heme: Swollen Glands Increased Bruising or Bleeding N/A Other: PRIMARY CARE DR.: PRIMARY CARE DR.: PRIMARY CARE DR.: PRIMARY CARE DR.:	I LINGS: Shortness of Breath Emphysema Pneumonia N/A	IMMEDIATE FAMILY (Mom Dad, Siblings) MEDICAL HISTORY
GASTROINTESTINAL: Reflux Disease Hiatal Hernia N/A Hemorrhoids Abdominal Aortic Aneurysm Gallstones Gallbladder Removal Appendectomy Colon Resection Hepatitis Bowel Incontinence GENITOURINARY: Frequent Uninary Tract Infections N/A Kidney Stones Enlarged Prostate Indewelling Catheter Blader Incontinence Prostate Surgery Hysterectomy MEUROLOGICAL: Stroke Traumatic Brain Injury N/A Closed Head Injury Intracranial Hemorrhage Herniated Disc Carpal Tunnel Syndrome Sciatica Limb Numbness/Tingling MUSCULOSKELETAL: Fractures Osteoarthritis Neck Pain N/A Rheumatoid Arthritis Osteoporosis Low Back Pain Scoliosis Disc Disease ENDOCRINE: Diabetes Hypothyroid N/A ENDOCRINE: Diabetes Hypothyroid N/A ENT: Hearing Aid Tinnitus N/A CANCER: Location: N/A MENTAL HEALTH: Depresion Anxiety Bipolar Disorder N/A Panic Attacks Schizophrenia CANCER: Location: N/A CANCER: Location: N/A MEDICATIONS: MEDICATIONS: FUNCTIONAL HISTORY: Do you need help with the following: Yes No Getting In/Out of bed Feeding Yourself Lower Body Dressing Grooming Yourself Bathing Yourself Bathing Yourself Getting In/Out of Tub or Shower Equipment Used For Walking: Cane Wheelchair Walker REVIEW OF SYMPTOMS: (Please circle all that apply) Cons: Fever Chills Weakness Insomnia Fatigue N/A Eyes: Glasses Blurred Vision Double Vision N/A ENT: Hearing Aid Tinnitus N/A CVS: Chest Pain Palpitations DOE N/A Resp: SOB Cough N/A GI: Nausea Vomiting Diarrhea Constipation Incontinence N/A GI: Nausea Vomiting Diarrhea Constipation Incontinence N/A Skin: Rash Ulceration Surgical Wound N/A Lymph / Heme: Swollen Glands Increased Bruising or Bleeding N/A Other: PRIMARY CARE DR.: PRIMARY CARE DR.: PRIMARY CARE DR.:		
Hemorrhoids Abdominal Aortic Aneurysm Gallstones Gallbladder Removal Appendectomy Colon Resection Hepatitis Bowel Incontinence GENITOURINARY: Frequent Uninary Tract Infections N/A Kidney Stones Enlarged Prostate Indwelling Catheter Blader Incontinence Prostate Surgery Hysterectomy Blader Incontinence Prostate Surgery Hysterectomy NEUROLOGICAL: Stroke Traumatic Brain Injury N/A Closed Head Injury Intracranial Hemorrhage Hemiated Disc Carpal Tunnel Syndrome Sciatica Limb Numbness/Tingling MUSCULOSKELETAL: Fractures Osteoarthritis Neck Pain N/A Rheumatoid Arthritis Osteoprosis Low Back Pain Scoliosis Disc Disease ENDOCRINE: Diabetes Hypothyroid N/A ENDOCRINE: Diabetes Hypothyroid N/A MENTAL HEALTH: Depresion Anxiety Bipolar Disorder N/A Panic Attacks Schizophrenia CANCER: Location: N/A CANCER: Location: N/A MEDICATIONS: HEDICATIONS: FUNCTIONAL HISTORY: Do you need help with the following: Yes No Getting In/Out of bed Feeding Yourself Lower Body Dressing Grooming Yourself Bathing Yourse		<u>ranniy Wombor</u>
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GENITOURINARY: Frequent Uninary Tract Infections N/A Kidney Stones Enlarged Prostate Indwelling Catheter Blader Incontinence Prostate Surgery Hysterectomy NEUROLOGICAL: Stroke Traumatic Brain Injury N/A Closed Head Injury Intracranial Hemorrhage Herniated Disc Carpal Tunnel Syndrome Sciatica Limb Numbness/Tingling MUSCULOSKELETAL: Fractures Osteoarthritis Neck Pain N/A Rheumatoid Arthritis Osteoporosis Low Back Pain Scoliosis Disc Disease ENDOCRINE: Diabetes Hypothyroid N/A MENTAL HEALTH: Depresion Anxiety Bipolar Disorder N/A Panic Attacks Schizophrenia CANCER: Location: N/A Surgery: Chemo: Yes / No Radiation: Yes / No MEDICATIONS: Getting In/Out of bed Feeding Yourself Lower Body Dressing Grooming Yourself Bathing You	Gallbladder Removal Appendectomy Colon Resection	Do you need help with the following:
Feeding Yourself Georgian Feeding Yourself Grooming Yourself Upper Body Dressing Lower Body Dressing Grooming Yourself Upper Body Dressing Grooming Yourself Bathing Yourself Grooming Yourself Bathing Yourself Grooming Yourself Bathing Yourself Grooming Yourself G	Hepatitis Bowel Incontinence	Yes No
Lower Body Dressing		Getting In/Out of bed
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Grooming Yourself Bathing Yourself Bathing Yourself Bathing Yourself Toileting Getting In/Out of Chairs Getting In/Out of Tub or Shower		
NEUROLOGICAL: Stroke Traumatic Brain Injury N/A Closed Head Injury Intracranial Hemorrhage Herniated Disc Carpal Tunnel Syndrome Sciatica Limb Numbness/Tingling MUSCULOSKELETAL: Fractures Osteoarthritis Neck Pain N/A Rheumatoid Arthritis Osteoporosis Low Back Pain Scoliosis Disc Disease ENDOCRINE: Diabetes Hypothyroid N/A MENTAL HEALTH: Depresion Anxiety Bipolar Disorder N/A Panic Attacks Schizophrenia CANCER: Location: N/A Surgery: Chemo: Yes / No Radiation: Yes / No MEDICATIONS: Bathing Yourself Toileting Getting In/Out of Chairs Getting In/Out of Tub or Shower Equipment Used For Walking: Cane Wheelchair Walker REVIEW OF SYMPTOMS: (Please circle all that apply) Cons: Fever Chills Weakness Insomnia Fatigue N/A Eyes: Glasses Blurred Vision Double Vision N/A ENT: Hearing Aid Tinnitus N/A CVS: Chest Pain Palpitations DOE N/A Resp: SOB Cough N/A GI: Nausea Vomiting Diarrhea Constipation Incontinence N/A Musc: Pain Weakness Decreased ROM N/A Neuro: Numbness Tingling Burning "Pins & Needles" N/A Psych: Depresion Anxiety N/A Skin: Rash Ulceration Surgical Wound N/A Lymph / Heme: Swollen Glands Increased Bruising or Bleeding N/A Other: PRIMARY CARE DR.: PRIMARY CARE DR.:	Blader Incontinence Prostate Surgery Hysterectomy	
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Closed Head Injury Intracranial Hemorrhage Hemiated Disc Carpal Tunnel Syndrome Sciatica Limb Numbness/Tingling MUSCULOSKELETAL: Fractures Osteoarthritis Neck Pain N/A Rheumatoid Arthritis Osteoporosis Low Back Pain Scoliosis Disc Disease ENDOCRINE: Diabetes Hypothyroid N/A ENDOCRINE: Diabetes Hypothyroid N/A Panic Attacks Schizophrenia CANCER: Location: N/A Surgery: Chemo: Yes / No Radiation: Yes / No MEDICATIONS: Getting In/Out of Chairs Getting In/Out of Tub or Shower Equipment Used For Walking: Cane Wheelchair Walker REVIEW OF SYMPTOMS: (Please circle all that apply) Cons: Fever Chills Weakness Insomnia Fatigue N/A ENT: Hearing Aid Tinnitus N/A CVS: Chest Pain Palpitations DOE N/A Resp: SOB Cough N/A GI: Nausea Vomiting Diarrhea Constipation Incontinence N/A Musc: Pain Weakness Decreased ROM N/A Neuro: Numbness Tingling Burning "Pins & Needles" N/A Psych: Depresion Anxiety N/A Skin: Rash Ulceration Surgical Wound N/A Lymph / Heme: Swollen Glands Increased Bruising or Bleeding N/A Other: PRIMARY CARE DR.: PRIMARY CARE DR.:	NEUROL COICAL - Otral - Transportis Paris Islama NVA	⁻
Carpal Tunnel Syndrome Sciatica Limb Numbness/Tingling MUSCULOSKELETAL: Fractures Osteoarthritis Neck Pain N/A Rheumatoid Arthritis Osteoprosis Low Back Pain Scoliosis Disc Disease	• •	
Equipment Used For Walking: Cane Wheelchair Walker REVIEW OF SYMPTOMS: (Please circle all that apply) Cons: Fever Chills Weakness Insomnia Fatigue N/A ENDOCRINE: Diabetes Hypothyroid N/A ENT: Hearing Aid Tinnitus N/A CVS: Chest Pain Palpitations DOE N/A Resp: SOB Cough N/A GI: Nausea Vomiting Diarrhea Constipation Incontinence N/A GU: Burning Retention Incontinence N/A Musc: Pain Weakness Decreased ROM N/A Neuro: Numbness Tingling Burning "Pins & Needles" N/A Psych: Depresion Anxiety N/A Skin: Rash Ulceration Surgical Wound N/A Lymph / Heme: Swollen Glands Increased Bruising or Bleeding N/A Other: PRIMARY CARE DR.: PRIMARY CARE DR.:		
MUSCULOSKELETAL: Fractures Osteoarthritis Neck Pain N/A Rheumatoid Arthritis Osteoporosis Low Back Pain Scoliosis Disc Disease	Carpar runner Syndrome Sciatica Limb Numbriess/ringing	Getting in/Out of Tub of Shower
MUSCULOSKELETAL: Fractures Osteoarthritis Neck Pain N/A Rheumatoid Arthritis Osteoporosis Low Back Pain Scoliosis Disc Disease		Equipment Used For Walking: Cane Wheelchair Walker
Cons: Fever Chills Weakness Insomnia Fatigue N/A Eyes: Glasses Blurred Vision Double Vision N/A ENT: Hearing Aid Tinnitus N/A CVS: Chest Pain Palpitations DOE N/A Resp: SOB Cough N/A GI: Nausea Vomiting Diarrhea Constipation Incontinence N/A GU: Burning Retention Incontinence N/A Musc: Pain Weakness Decreased ROM N/A Neuro: Numbness Tingling Burning "Pins & Needles" N/A Psych: Depresion Anxiety N/A Skin: Rash Ulceration Surgical Wound N/A Lymph / Heme: Swollen Glands Increased Bruising or Bleeding N/A Other: PRIMARY CARE DR.:	MUSCULOSKELETAL: Fractures Osteoarthritis Neck Pain N/A	151
Cons: Fever Chills Weakness Insomnia Fatigue N/A Eyes: Glasses Blurred Vision Double Vision N/A ENT: Hearing Aid Tinnitus N/A CVS: Chest Pain Palpitations DOE N/A Resp: SOB Cough N/A GI: Nausea Vomiting Diarrhea Constipation Incontinence N/A GU: Burning Retention Incontinence N/A Musc: Pain Weakness Decreased ROM N/A Neuro: Numbness Tingling Burning "Pins & Needles" N/A Psych: Depresion Anxiety N/A Skin: Rash Ulceration Surgical Wound N/A Lymph / Heme: Swollen Glands Increased Bruising or Bleeding N/A Other: PRIMARY CARE DR.: Cons: Fever Chills Weakness Insomnia Fatigue N/A Eyes: Glasses Blurred Vision Double Vision N/A ENT: Hearing Aid Tinnitus N/A CVS: Chest Pain Palpitations DOE N/A Resp: SOB Cough N/A GI: Nausea Vomiting Diarrhea Constipation Incontinence N/A Musc: Pain Weakness Decreased ROM N/A Neuro: Numbness Tingling Burning "Pins & Needles" N/A Skin: Rash Ulceration Surgical Wound N/A Lymph / Heme: Swollen Glands Increased Bruising or Bleeding N/A Other: PRIMARY CARE DR.:	Rheumatoid Arthritis Osteoporosis Low Back Pain Scoliosis	REVIEW OF SYMPTOMS: (Please circle all that apply)
ENDOCRINE: Diabetes Hypothyroid N/A MENTAL HEALTH: Depresion Anxiety Bipolar Disorder N/A Panic Attacks Schizophrenia CANCER: Location: N/A Surgery: Chemo: Yes / No Radiation: Yes / No MEDICATIONS: Eyes: Glasses Blurred Vision Double Vision N/A ENT: Hearing Aid Tinnitus N/A CVS: Chest Pain Palpitations DOE N/A Resp: SOB Cough N/A GI: Nausea Vomiting Diarrhea Constipation Incontinence N/A GU: Burning Retention Incontinence N/A Neuro: Numbness Tingling Burning "Pins & Needles" N/A Psych: Depresion Anxiety N/A Skin: Rash Ulceration Surgical Wound N/A Lymph / Heme: Swollen Glands Increased Bruising or Bleeding N/A Other: PRIMARY CARE DR.:		Cons: Fever Chills Weakness Insomnia Fatigue N/A
CVS: Chest Pain Palpitations DOE N/A Resp: SOB Cough N/A Resp: SOB Cough N/A GI: Nausea Vomiting Diarrhea Constipation Incontinence N/A GU: Burning Retention Incontinence N/A Musc: Pain Weakness Decreased ROM N/A Neuro: Numbness Tingling Burning "Pins & Needles" N/A Psych: Depresion Anxiety N/A Skin: Rash Ulceration Surgical Wound N/A Lymph / Heme: Swollen Glands Increased Bruising or Bleeding N/A Other: PRIMARY CARE DR.:		Eyes: Glasses Blurred Vision Double Vision N/A
MENTAL HEALTH: Depresion Anxiety Bipolar Disorder N/A Panic Attacks Schizophrenia	ENDOCRINE: Diabetes Hypothyroid N/A	ENT: Hearing Aid Tinnitus N/A
Panic Attacks Schizophrenia		
GU: Burning Retention Incontinence N/A Musc: Pain Weakness Decreased ROM N/A Neuro: Numbness Tingling Burning "Pins & Needles" N/A Psych: Depresion Anxiety N/A Skin: Rash Ulceration Surgical Wound N/A Lymph / Heme: Swollen Glands Increased Bruising or Bleeding N/A Other: PRIMARY CARE DR.:	MENTAL HEALTH: Depresion Anxiety Bipolar Disorder N/A	
CANCER: Location: N/A	Panic Attacks Schizophrenia	
Surgery: Neuro: Numbness Tingling Burning "Pins & Needles" N/A Psych: Depresion Anxiety N/A Skin: Rash Ulceration Surgical Wound N/A Lymph / Heme: Swollen Glands Increased Bruising or Bleeding N/A Other: PRIMARY CARE DR.:	OANOED- 1	-
Chemo: Yes / No Radiation: Yes / No Psych: Depresion Anxiety N/A Skin: Rash Ulceration Surgical Wound N/A Lymph / Heme: Swollen Glands Increased Bruising or Bleeding N/A Other: PSych: Depresion Anxiety N/A Skin: Rash Ulceration Surgical Wound N/A Cother: PRIMARY CARE DR.:		
Skin: Rash Ulceration Surgical Wound N/A Lymph / Heme: Swollen Glands Increased Bruising or Bleeding N/A Other: PRIMARY CARE DR.:	• ,	
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Other: PRIMARY CARE DR.:	MEDICATIONS:	
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OTHER DOCTORS YOU SEE:		-
		OTHER DOCTORS YOU SEE:

