

**SEA VIEW ORTHOPEDICS**

NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

WHO REFERRED YOU TO THIS OFFICE: \_\_\_\_\_

YOUR INJURY / WHAT HURTS: \_\_\_\_\_

DATE OF INJURY / HOW LONG HAS IT HURT: \_\_\_\_\_

RIGHT HANDED OR LEFT HANDED:      Right              Left

EMPLOYMENT / JOB: \_\_\_\_\_

HEIGHT \_\_\_\_\_      WEIGHT \_\_\_\_\_

SMOKING HISTORY: YES or NO    \_\_\_ppd              ALCOHOL: YES or NO    \_\_\_ drinks per day

MEDICATIONS (Please List Dose):

_____	_____
_____	_____
_____	_____

ALLERGIES TO MEDICATION (Please List Reaction):

_____	_____
_____	_____

PAST MEDICAL HISTORY:

HEART ATTACK / MI	ASTHMA	DIABETES	CANCER (TYPE): _____	
HYPERTENSION / HTN	ARTHRITIS	SEIZURES	LUNG DISEASE / COPD / EMPHSEMA	
KIDNEY / RENAL DISEASE	REFLUX/ULCERS	DVT / BLOOD CLOTS	GOUT	HEART FAILURE
THYROID/HYPOTHYROID	TUBERCULOSIS / TB	HEPATITIS / LIVER	HIV	SLEEP APNEA

OTHER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PAST SURGERIES:** \_\_\_\_\_

**REVIEW OF SYSTEMS:**

**General:** NONE Fevers/Chills Fatigue Weight Loss/Gain Intentional Weight Loss  
Dizziness Headaches Loss Of Consciousness

**Neurologic:** NONE Loss Of Balance Weakness Clumsiness Numbness/Tingling Tremors

**Cardiac:** NONE Chest Pain Palpitations Fainting Murmurs

**Pulmonary:** NONE Shortness Of Breath Cough Wheezing Snoring

**GI:** NONE Nausea/Vomiting Abdominal Pain Diarrhea Bloody/Tarry Stool

**GU:** NONE Painful/Difficult/Frequent/Bloody Urination Flank Pain Kidney Stones

**Heme:** NONE Excessive Bruising Easy/Excessive/Prolonged Bleeding

**Skin:** NONE Rash Itching Redness Skin Changes Masses/Bumps

**Psychiatric:** NONE Anxiety Depression Nervousness

**Eyes:** NONE Blurry/Double/Cloudy Vision Eye Pain Contact Lenses/Glasses

**ENT:** NONE Hearing Loss Ringing In Ears Ear Pain Sore Throat Difficulty Swallowing

**Endocrine:** NONE Excessive Thirst/Urination Heat/Cold Intolerance

**EMERGENCY CONTACT INFORMATION:**

**NAME OF CONTACT:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**CONTACT PHONE NUMBER:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_