ORTHOPEDIC ASSOCIATES OF HARTFORD, P.C.
MEDICAL HISTORY

PATIENT INFORMATION

Dr. ______________________ Today's Date ____________

Patient's Name ______________________ Insurance ____________

E-mail address: ______________________

Primary Care Doctor ______________________ Send copy to PCP Y / N

Referring Doctor (if different) ______________________ Date of Birth ____________

REASON FOR VISIT *(CHIEF COMPLAINT)*: ______________________

____

____

Pharmacy: ______________________ Phone: ____________

EMERGENCY CONTACT Name: ______________________ Phone: ____________

Address: ______________________

PRESENT INJURY

Date of injury or onset of condition: ____________ Is this Worker's Compensation? Y / N

Do you have an attorney for this injury? Y / N Name: ______________________

Address: ______________________

Brief description of how injury happened or problem started: ______________________

____

____

TREATMENT THUS FAR Medications Y / N Injections Y / N

Emergency Facility Evaluation? Y / N (Where): ______________________

X-Rays? Y / N (Where): ______________________

Physical Therapy? Y / N (Where): ______________________

Work Status Occupation ______________________ Disabled Y / N Retired Y / N

Out of Work Y / N

MEDICAL HISTORY *(YES OR NO, SPECIFICS ON YES)*

Headaches:	Y / N	Diabetes:	Y / N
Seizures:	Y / N	High blood pressure:	y / N
Strokes:	Y / N	Anemia:	Y / N
Arthritis:	Y / N	Cancer:	Y / N
Nerve disorders:	Y / N	Hepatitis:	Y / N
Circulation problems:	Y / N	Phlebitis or blood clots:	Y / N
Heart trouble:	Y / N	Ease of bruising:	Y / N
Stomach, ulcer, intestinal problems:	Y / N	Prolonged bleeding from cuts:	Y / N
Cholesterol:	Y / N	Emotional or psychiatric difficulties	Y / N
Breathing or lung disorders:	Y / N	Any other medical problems:	Y / N
Kidney/Bladder problems:	Y / N	Please Specify: ____________	
Thyroid problems:	Y / N	____________	
Keloids	Y / N	____________	
MRSA	Y / N		

MEDICATION USAGE:

Med	Dose	Times a day	Med	Dose	Times a day

ALLERGIES: Latex Y / N Food *(SPECIFY)* ______________________

Iodines Y / N Drugs *(SPECIFY)* ____________ Reaction: ____________

PLEASE COMPLETE PAGE 2

PREVIOUS HOSPITALIZATIONS AND SURGERY: *(BE SPECIFIC INCLUDING DATES)*

____

____

____

PERTINENT FAMILY HISTORY:

Parents/Siblings Ages and Health (if deceased, age at death and cause) Describe

____

____

____

Any Family Medical History that Physician should know about: Y / N (Describe)

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____

SOCIAL HISTORY:
(please circle)   Single/Married   Children Y / N

Habits: Alcoholic Consumption: Tobacco: Street Drugs:

CONSTITUTIONAL SIGNS: 1. Height:______' ______"   2. Weight:__________

STOP*******THANK YOU FOR COMPLETING-PLEASE STOP HERE**********STOP HERE**

Below to be completed by OAH (need above two and a least one more below for every visit):

Temp:____________	Temp:____________	Temp:____________
Pulse:____________	Pulse:____________	Pulse:____________
BP:____________	BP:____________	BP:____________
RESP:____________	RESP:____________	RESP:____________
MD/Nurse/Date:____________	MD/Nurse/Date:____________	MD/Nurse/Date:____________
No. Change:____________	No. Change:____________	No. Change:____________
Gen. Appearance:____________	Gen. Appearance:____________	Gen. Appearance:____________
Gait and Station: Normal	Gait and Station: Normal	Gait and Station: Normal
MD:____________	MD:____________	MD:____________
Date:____________	Date:____________	MD:____________

MUSCULOSKELETAL REVIEW

Head/Neck
Inspection &/or palpation-
normal, tenderness, effusion, redness
defects asymmetry, crepitation______

ROM-*normal*, pain crepitation,
contracture______
STABILITY-*normal*, dislocation,
subluxation, laxity______
STRENGTH-*normal*, atrophy, tone-
flaccid; cog heel, spastic, trimmer

SPINE/RIB/PELVIS
Inspection &/or palpation-
normal, tenderness, effusion, redness,
defects asymmetry, crepitation______

ROM-*normal*, pain crepitation,
contracture______
STABILITY-*normal*, dislocation,
subluxation, laxity______
STRENGTH-*normal*, atrophy, tone-
flaccid; cog heel, spastic, trimmer

RT-Shoulder/elbow/wrist/hand
Inspection &/or palpation-
normal, tenderness, effusion, redness,
defects asymmetry, crepitation______

ROM-*normal*, pain crepitation,
contracture______
STABILITY-*normal*, dislocation,
subluxation, laxity______
STRENGTH-*normal*, atrophy, tone-
flaccid; cog heel, spastic, trimmer

LT-Shoulder/elbow/wrist/hand
Inspection &/or palpation-
normal, tenderness, effusion, redness,
defects asymmetry, crepitation______

ROM-*normal*, pain crepitation,
contracture______
STABILITY-*normal*, dislocation,
subluxation, laxity______
STRENGTH-*normal*, atrophy, tone-
flaccid; cog heel, spastic, trimmer

RT-knee/ankle/foot
Inspection &/or palpation-
normal, tenderness, effusion, redness,
defects asymmetry, crepitation______

ROM-*normal*, pain crepitation,
contracture______
STABILITY-*normal*, dislocation,
subluxation, laxity______
STRENGTH-*normal*, atrophy, tone-
flaccid; cog heel, spastic, trimmer

LT-knee/ankle/foot
Inspection &/or palpation-
normal, tenderness, effusion, redness,
defects asymmetry, crepitation______

ROM-*normal*, pain crepitation,
contracture______
STABILITY-*normal*, dislocation,
subluxation, laxity______
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