

METROPOLITAN ORTHOPAEDICS - Patient History

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Circle if Positive) Past Medical History: No medical problems, Heart disease, Asthma, COPD, DM, HTN \_\_\_\_\_

Past Surgical History: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Social: Occupation: \_\_\_\_\_ Smoking: None \_\_\_ packs day

Medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Previous accidents or injuries: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Circle if Positive) Review of Systems

- Skin: Rashes, lumps, sores, erythema, itching or dryness
- Head: Headache, head injury, hair loss
- Ear/Nose/Throat: Nasal congestion, discharge, sore throat, difficulty hearing
- Neck: Stiffness, pain, lumps, swollen glands, tenderness
- Neurologic: Weakness, numbness, paresthesias, fainting, or tremors
- Pulmonary: Cough, congesting, wheezing, sputum, pain.
- Cardiac: Chest pain, palpitations, dyspnea, orthopnea, PND
- GI: Abdominal pain, dysphagia, nausea, vomiting, diarrhea, constipation, melena
- GU: Polyuria, dysuria, dematuria, urgency, frequency
- Peripheral vascular: Intermittent claudication, leg cramps, varicose veins, DVT
- Musculoskeletal: arthralgias, myalgias, stiffness, arthritis, swelling