

Texas Orthopedic Partners

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Established Orthopedic Surgery Patient Medical History Form

Patient Name:

DOB:

Reason for Visit:

Problem History and Background

Please indicate your current pain level

0 1 2 3 4 5 6 7 8 9 10

What words best describe how the pain feels?

Sharp Burning Shooting Deep Stabbing Throbbing Aching Pressure
 Dull Tingling Other _____

How often is the pain present?

Constant Frequent (several times per hour)
 Sporadic (several times per day) Occasional (several Times per week)

What makes your pain better?

Rest Heat Cold Medication Exercise Other _____

<u>Constitutional</u>	<u>Eyes</u>	<u>Gastrointestinal</u>	<u>Endo/Hem/Aller</u>
Chills	Blurred Vision	Heartburn	Easy Bruise/bleed
Weight Loss	Double Vision	Nausea	Environmental Allergies
Malaise/Fatigue	Photophobia (Sensitivity to light)	Vomiting	Polydipsia-(Great feeling of thirst)
Diaphoresis (Excessive Sweating)	Eye Pain	Abdominal Pain	<u>Neurological</u>
Weakness	Eye Discharge	Diarrhea	Dizziness
<u>Skin</u>	Eye Redness	Constipation	Tingling
Rash	<u>Cardiovascular</u>	Blood in Stool	Tremor
Itching	Chest Pain	Melena- (Dark, Sticky stool)	Sensory Change
<u>HENT</u>	Palpitations	<u>Genitourinary</u>	Speech Change
Headaches	Orthopnea	Dysuria- (Painful urination)	Focal Weakness
Hearing Loss	Claudication (cramping pain caused by obstruction in arteries)	Urgency	Seizures
Tinnitus	Leg Swelling	Frequency	LOC- (Loss of Consciousness)
Ear Pain	PND- attacks of shortness of breath and coughing at night)	Hematuria- (Blood in urine)	<u>Psychiatric</u>
Ear Discharge	<u>Respiratory</u>	Flank Pain	Depression
Nosebleeds	Hemoptysis-(Coughing up blood)	<u>Musculoskeletal</u>	Suicidal Ideas
Congestion	Sputum Production- (Excessive mucus)	Myalgias- (Muscle pain)	Substance Abuse
Stridor- (Vibrating Noise when breathing)	Shortness of Breath	Neck Pain	Hallucinations
Sore Throat	Wheezing	Back Pain	Nervous/Anxious
		Joint Pain	Insomnia
		Falls	Memory Loss