

Florida Joint and Spine Institute, P.A.

Medical History

Last Name _____ First Name _____ M.I. ____ Age ____
Family Physician _____ Sports _____
Reason for Appointment _____

Injuries: Have you ever had in the past

Broken bones/fractures	Yes	No
Knee injuries	Yes	No
Sprains or joint dislocations	Yes	No
Extensive lacerations	Yes	No
Concussion/head injury	Yes	No

Habits: Do you

Sleep well	Yes	No
Use alcoholic bev.	Yes	No
Everyday	Yes	No
Smoke	Yes	No
How Much	____	Pks

Hospitalizations:

Previous Surgical Procedures

1) _____ 1) _____
2) _____ 2) _____
3) _____ 3) _____
4) _____ 4) _____

Previous Hospitalizations/Illness

Illnesses: Have you ever had in the past or presently have

Migraine headaches	Yes	No	Ulcers	Yes	No
Hepatitis	Yes	No	Gallbladder disease	Yes	No
Urine infection	Yes	No	Seizures/convulsions	Yes	No
Venereal disease	Yes	No	Meningitis or polio	Yes	No
Arthritis	Yes	No	Pneumonia	Yes	No
Asthma	Yes	No	Tuberculosis	Yes	No
Angina/heart problems	Yes	No	Thyroid disease	Yes	No
Rheumatic fever	Yes	No	High blood pressure	Yes	No
Frequent infections	Yes	No	Diabetes	Yes	No
Other major disease	Yes	No			

Explain:

Allergies:

Are you allergic to any medication? __Yes __No What? _____

Medications: List any medications and dosage that you are taking:

1) _____ 3) _____
2) _____ 4) _____

Family History:

Has any blood relative ever had: (Indicate: **M**-Mother, **F**-Father, **B**-Brother, **S**-Sister)

____ Cancer ____ Tuberculosis ____ Diabetes ____ Heart trouble ____ High blood pressure
____ Epilepsy ____ Suicide ____ Mental illness ____ Birth defects ____ Alcoholism ____ Stroke

Please **CHECK** if you **NOW** have or have **RECENTLY** had any of the following symptoms:

- General:** fever-unexplained weight loss-night sweats-unusual fatigue
- Neurological:** headaches-paralysis-numbness-speech problems-double vision-blurred vision-fainting-frequent falling

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- Eyes:** blindness-cataract-glaucoma-sudden loss of vision in one eye
- Ears:** decreased hearing-infection-dizziness-vertigo
- Throat:** swallowing difficulty-pain with chewing
- Heart:** chest pain-palpitations
- Lungs:** shortness of breath-persistent cough-blood in sputum
- G-I:** diarrhea-constipation-nausea-vomiting-bloody or tarry black stools
- Hematologic:** unusual bleeding-easy bruising
- G-U:** difficulty urinating with-hesitancy-urgency-burning-incontinence
- Psychiatric:** depression-severe anxiety-hallucinations
- Skin:** rashes-skin cancer
- Musculoskeletal:** joint pain-swelling-locking-catching-buckling-giving away-redness-warmth-stiffness-muscle cramps-night pain (waking from sleep)

Patient Signature _____ Date _____