



Cincinnati SportsMedicine and Orthopaedic Center

New Patient Health History

Welcome to Cincinnati SportsMedicine and Orthopaedic Center. In order to effectively treat you, it is necessary that we obtain a complete medical history. Please fill out all areas of this form leaving no blanks. If an item does not apply to you, write "N/A" in that section. If you need help, ask one of the staff.

Date: _____ Age: _____ Referring Physician: _____
Name: _____ Occupation: _____
Problem/Injury: (R L) _____
Date of Onset/Injury: _____ Work Related? YES NO

Past Medical History & Review of Systems: (Circle All That Apply)

- | | |
|---|---|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Indigestion/Ulcers |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Psychiatric Problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Kidney/Bladder Infections |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Excessive Wt loss/gain |
| <input type="checkbox"/> Rashes | <input type="checkbox"/> Difficulty Sleeping |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Hematologic/Lymphatic |
| <input type="checkbox"/> Epilepsy/Convulsions | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Thyroid |
| <input type="checkbox"/> Ears/Hearing | <input type="checkbox"/> Fever/Chills/Unusual Weight Loss |

Other: (List): _____

Medications: (Continue on back if necessary)

<u>Medication</u>	<u>Dosage (mg or %)</u>	<u>How Often</u>	<u>For What Purpose</u>

Allergies: _____

Health Habits:
Tobacco: YES NO Amount _____
Alcohol: YES NO Amount _____

Family History:

- Diabetes (Y/N) YES NO
Heart Disease (Y/N) YES NO
Cancer (Y/N) YES NO

Children: YES NO Ages _____
Other: _____

Past Surgical History: (Continue on back)

<u>Date</u>	<u>Procedure</u>	<u>Hospital</u>	<u>Outcome</u>

Sports: _____
 Right Handed Left Handed

Hobbies: _____

Patient Signature

Physician Reviewer

