

Hiramoto Orthopaedic & Sports Medicine, PA

Medical History

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

Social Security Number: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Dr. Phone #: \_\_\_\_\_

Location of Doctor: \_\_\_\_\_ Male or Female

Date of injury or onset: \_\_\_\_\_ Right Handed or Left Handed

Body Part to be examined by doctor (include Rt or Lt side) \_\_\_\_\_

Does injury involve a motor vehicle? Yes / No Did this injury occur while working? Yes / No

Give a brief description of symptoms, included how & when? \_\_\_\_\_

Were X-Rays taken? \_\_\_\_\_ If yes where? \_\_\_\_\_

Is this a SECOND OPINION Yes / No Have you seen other doctors for this problem? Yes / No

LIST OF MEDICATIONS:		

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

Review of Systems

Circle if you have or had any of the following (it is important for the doctor to know when prescribing medications):

- Heart Disease    Lung Disease    Stomach Problems    Ulcers    Urine Infections    Diabetes    Arthritis
- High Blood Pressure    Bleeding Tendencies    Cortisone Medication    Hepatitis A B C    HIV

Describe all circled responses \_\_\_\_\_

List any surgeries \_\_\_\_\_

Social History

Work Status:    \_\_ Working Full or Part    \_\_ Retired    \_\_ Temp Disabled    \_\_ Perm Disabled    \_\_ Work in Home  
\_\_ Student    Employed by: \_\_\_\_\_

Have you missed work due to this problem? \_\_\_\_\_

Marital Status:    \_\_ Single    \_\_ Married    \_\_ Divorced    \_\_ Separated    \_\_ Widowed

Smoking Currently No / Yes    Packs per day \_\_\_\_\_    Quit Smoking \_\_\_\_\_    How Long \_\_\_\_\_

Alcohol consumption \_\_ Daily    \_\_ Weekly    \_\_ Monthly    \_\_ Yearly

Family History

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Member	Alive/Deceased	Age	Health Status/Cause of Death	Member	Alive/Deceased	Age	Health Status/Cause of Death
Grandfather (m)	A	D		Mother	A	D	
Grandmother (m)	A	D		Sister/Brother	A	D	
Grandfather (d)	A	D		Sister/Brother	A	D	
Grandmother (d)	A	D		Sister/Brother	A	D	
Father	A	D		Sister/Brother	A	D	

To be completed by staff: Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ Initials: \_\_\_\_\_