TAHOE FOREST ORTHOPEDICS & SPORTS MEDICINE

MRN:	**Height:**
Patient:	**Weight:**
DOB:	**Preferred Pharmacy Name:**
Today's Date:	**Address:**

Past Medical History (please check all that apply):

☐ None	☐ HIV/AIDS
☐ Anemia	☐ Hyperparathyroidism
☐ Ankylosing Spondylitis	☐ Hypertension
☐ Anxiety	☐ Hyperthyroidism
☐ Asthma	☐ MRSA
☐ Atrial fibrillation (Irregular Heartbeat)	☐ Osteoarthritis
☐ Bipolar Disorder	☐ Osteopenia
☐ Cancer	☐ Osteoporosis
☐ Chronic Pain	☐ Pulmonary Embolism
☐ COPD	☐ Radiation Therapy
☐ Coronary Artery Disease	☐ Rheum: Rheumatoid Arthritis
☐ Deep Vein Thrombosis (blood clot)	☐ Rheum: Fibromyalgia
☐ Depression	☐ Sciatica
☐ Diabetes, Insulin Dependent	☐ Scoliosis
☐ Diabetes, Non-Insulin Dependent	☐ Seizures
☐ End Stage Renal Disease	☐ Sleep Apnea
☐ Fracture	☐ Stroke
☐ GERD	☐ Vitamin D Deficiency
☐ Gout	☐ Other:
☐ Hepatitis	

Surgical History (please check all that apply):

- ☐ **NONE**
- ☐ Appendix (Appendectomy)
- ☐ Breast Surgery
  - ○ Right ○ Left ○ Both
- ☐ Cervical Spine Surgery
- ☐ Colostomy
- ☐ Gallbladder Removal
- ☐ Gastric Bypass
- ☐ Heart Biological Valve Replacement
- ☐ Heart: Coronary Artery Bypass
- ☐ Achilles Tendon Repair
  - ○ Right ○ Left ○ Both
- ☐ ACL Reconstruction
  - ○ Right ○ Left ○ Both
- ☐ Ankle Fracture ORIF
  - ○ Right ○ Left ○ Both
- ☐ Bunion Correction
  - ○ Right ○ Left ○ Both
- ☐ Biceps Rupture Repair
  - ○ Right ○ Left ○ Both
- ☐ Carpal Tunnel Decompression
- ☐ CMC Arthroplasty (Anchovy Procedure)
  - ○ Right ○ Left ○ Both
- ☐ Cervical Spine Surgery
- ☐ Distal Radius fracture ORIF
  - ○ Right ○ Left ○ Both
- ☐ Ganglion Cyst Excision
  - ○ Right ○ Left ○ Both

Other:

- ☐ Heart: Mechanical Valve
- ☐ Hysterectomy
- ☐ Kidney Stone Removal
- ☐ Lumbar Spine Surgery
- ☐ Ovaries Removed
- ☐ Pancreas: Pancreatectomy
- ☐ Skin: Melanoma
- ☐ Tonsillectomy
- ☐ Intramedullary Nailing Femur
  - ○ Right ○ Left ○ Both
- ☐ Intramedullary Nailing Tibia
  - ○ Right ○ Left ○ Both
- ☐ Knee Arthroscopy
  - ○ Right ○ Left ○ Both
- ☐ Total Joint Replacement Knee
  - ○ Right ○ Left ○ Both
- ☐ Total Joint Replacement Hip
  - ○ Right ○ Left ○ Both
- ☐ Meniscus Repair or Meniscectomy
  - ○ Right ○ Left ○ Both
- ☐ Reverse Total Shoulder Replacement
  - ○ Right ○ Left ○ Both
- ☐ Rotator Cuff Repair
  - ○ Right ○ Left ○ Both
- ☐ Shoulder Arthroscopy
  - ○ Right ○ Left ○ Both
- ☐ Total Joint Replacement Shoulder
  - ○ Right ○ Left ○ Both
- ☐ Trigger Finger Release

Other:

Social History (Please check all that apply):

- ☐ **Never Smoked**
- ☐ Quit: Former smoker Quit date: _____
- ☐ Current Someday Smoker
- ☐ Current Every Day Smoker
    - o # packs per day ____
- ☐ Smokeless Tobacco
- ☐ Chewing Tobacco
- ☐ Cigar use

Medications (Please list all current medications or check option which applies):

- ☐ **Not currently taking any medications**
- ☐ I brought a copy of my medication list (please provide the list to the front desk receptionist)

Medication Name	Dosage	# of times taken per Day

Allergies (Please list all current medications or check option which applies):

- ☐ **No known allergies**
- ☐ I brought a copy of my allergy list (please provide the list to the front desk receptionist)

Allergy Type	Please circle the following Symptoms:
	Anaphylaxis, Diarrhea, Dizziness, Fatigue, GI upset, Hives, Nausea, Rash, Shortness of breath, Swelling
	Anaphylaxis, Diarrhea, Dizziness, Fatigue, GI upset, Hives, Nausea, Rash, Shortness of breath, Swelling
	Anaphylaxis, Diarrhea, Dizziness, Fatigue, GI upset, Hives, Nausea, Rash, Shortness of breath, Swelling