

**GALLAGHER ORTHOPEDICS AND SPORTS MEDICINE
PATIENT MEDICAL HISTORY AND REASON FOR VISIT FORM**

PATIENT NAME: _____

DATE: _____

REASON FOR VISIT: _____

HEIGHT: _____

WEIGHT: _____

DOB: _____

PLEASE LIST PAST ILLNESSES AND ANY ILLNESSES YOU ARE RECEIVING ONGOING MEDICAL TREATMENT FOR:

SURGICAL HISTORY:

<u>OPERATION</u>	<u>MONTH/YEAR</u>	<u>HOSPITAL</u>	<u>PHYSICIAN/SURGEON</u>

PLEASE LIST ALL CURRENT MEDICATIONS AND DOSAGES:

PLEASE LIST MEDICATIONS THAT HAVE CAUSED REACTIONS/ALLERGIES AND SPECIFY THE REACTION:

IF YOU ARE SEEING OR HAVE SEEN A CARDIOLOGIST, PLEASE LIST THE DOCTOR'S NAME AND PHONE NUMBER:

IF YOU ARE SEEING OR HAVE SEEN AN ONCOLOGIST, PLEASE LIST THE DOCTOR'S NAME AND PHONE NUMBER:

PLEASE LIST YOUR IMMEDIATE FAMILY'S MEDICAL HISTORY (FATHER, MOTHER, SIBLINGS, CHILDREN, GRANDPARENTS, ETC.):

<u>RELATIONSHIP</u>	<u>Is this family member deceased?</u>	<u>Present age or age at death</u>	<u>Known illnesses: heart disease, stroke, diabetes, epilepsy, cancer, etc.</u>

WHAT IS YOUR SOCIAL HISTORY? (MARITAL STATUS, OCCUPATION, IF YOU USE ALCOHOL, TOBACCO, AND/OR DRUGS, ETC.):

I have listed additional information on the back of this form. _____