

MEDICAL HISTORY

Dubuque Orthopaedic Surgeons, PC

1500 Delhi Street, Suite 4200

Dubuque, IA 52001

Today's Date: _____

Name: _____

Date of Birth: _____

ESTIMATED HEIGHT: _____

MEDICATION LIST Please list all your medications. If you have a list of current medications, we will gladly make a copy for you.

Over The Counter Medications:	

ALLERGIES TO DRUGS & YOUR REACTION:

PAST SURGICAL HISTORY Please list any past surgeries you have had:

Have you ever had general anesthesia? ___ No ___ Yes

Have you had any problems with anesthesia? ___ No ___ Yes

If yes please describe the problems you had:

FAMILY HISTORY

Is there any history in your family of orthopedic problems? _____



PAST MEDICAL HISTORY (SELF):

Do you have a history of: CIRCLE and describe all YES responses:

Cancer	No	Yes	_____
Diabetes	No	Yes	_____
High Blood Pressure	No	Yes	_____
Heart Condition	No	Yes	_____
Bleeding Problems	No	Yes	_____
Ulcer	No	Yes	_____
Heartburn	No	Yes	_____
Arthritis	No	Yes	_____
Polio	No	Yes	_____
Tuberculosis	No	Yes	_____
AIDS,HIV or Hepatitis	No	Yes	_____
Epilepsy/Seizure Disorder	No	Yes	_____
Mental Health Conditions	No	Yes	_____
Other Diagnosed Conditions:	_____		

SOCIAL HISTORY:

Do you have someone to help you in your home? ___ No ___ Yes

Please select one:

___ Current smoker ___ Less than 4 cigarettes/day ___ 5-9 cigarettes/day
 ___ 10+ cigarettes/day ___ Former smoker ___ Never smoked
 ___ Currently use Nicotine containing substances (**please circle**)
 smokeless tobacco / vapor cigarettes / patch

Do you drink alcohol? ___No ___Yes (**please circle**) Daily 1-2x week 1-2x month

Please note that we will verbally update your medical history at each visit. We will request you review and sign this medical history annually and complete a new medical history every three years.

Year one signature

Patient/Parent/POA: Signature: _____ **Date:** _____

Year two signature

Patient/Parent/POA: Signature: _____ **Date:** _____

Year three signature

Patient/Parent/POA: Signature: _____ **Date:** _____