

FLORIDA SPORTSMEDICINE AND ORTHOPAEDICS, PA  
HISTORY AND PHYSICAL INFORMATION

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

Who Referred You: \_\_\_\_\_ What are we seeing you for today: \_\_\_\_\_

**Left**    **Right**    **Both**                      **Is this due to an accident?**    \_\_\_ No            \_\_\_ Yes

What type of Accident:            \_\_\_ Auto                      \_\_\_ Worker's Comp            \_\_\_ Other

Date of Accident: \_\_\_\_\_ Approximate date of Onset: \_\_\_\_\_

How did the accident happen: \_\_\_\_\_

**Race:** \_\_\_ White    \_\_\_ American Indian    \_\_\_ Asian    \_\_\_ African American    \_\_\_ Hawaiian

**Ethnicity:** \_\_\_ Hispanic    \_\_\_ Non Hispanic                      **Language:** \_\_\_ English    \_\_\_ Spanish    \_\_\_ Other

**Smoking:** \_\_\_ Current Every Day    \_\_\_ Current Some Days    \_\_\_ Former    \_\_\_ Never

**Pharmacy:** \_\_\_\_\_ **Pharmacy Location:** \_\_\_\_\_

**Known Drug Allergies:** \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

**Past Surgical History: (Year and Type)** \_\_\_\_\_

**Are you experiencing any other medical problems right now other than what you are here to be seen about today?** (If so, what are they) \_\_\_\_\_

**Name of Family Physician:** \_\_\_\_\_

**Family Medical History:** Circle any that your immediate family has been treated for:

Cancer	DVT	Diabetes	Epilepsy	Heart Problems
Hypertension	Osteoporosis	Pulmonary	Embolus	Strokes

**Personal History:** Do you currently smoke? No/Yes    How many packs per day? \_\_\_    For how long? \_\_\_

Have you smoked in the past?                      No/Yes    How long ago did you quit? \_\_\_\_\_

Do you drink alcohol? No/Yes            Occasional / Small Amounts / Regularly / Heavy

**Work Status:** \_\_\_ Full time    \_\_\_ Part time    \_\_\_ Retired    \_\_\_ Medically Disabled    \_\_\_ Unemployed  
\_\_\_ Housewife    \_\_\_ Student

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

**Religious Beliefs:** \_\_\_ Christian    \_\_\_ Buddhist    \_\_\_ Catholic    \_\_\_ Jehovah's Witness    \_\_\_ Other

**Review of Systems:** Circle any of the following that you have been diagnosed with or are experiencing.

Cardiac: Angioplasty, Arrhythmia, Atrial Fibrillation, Bypass Procedure, Cardiac Stent, Cardiac Surgery, High Cholesterol, Congestive Heart Failure, Coronary Artery Disease, Heart Attack, Heart Surgery, Heart Transplant, High Blood Pressure, Murmur, Pacemaker, Rheumatic Fever, Valve Replacement Surgery

Endocrine: Addison's Disease, Diabetes, Diet Controlled Diabetes, Hyperthyroid, Hypothyroid, Insulin Controlled Diabetes, Osteoporosis

GI: Cirrhosis, Colitis, Crohns Disease, Diverticulitis, Gastric Bypass Surgery, GERD (Reflux), Hepatitis (A,B,C), Hiatal Hernia, Irritable Bowel Syndrome, NSAID intolerance, Pancreatitis, Ulcerative Colitis, Ulcers

GU: Renal Failure, Dialysis, Kidney Stones, Loss of one Kidney, Nephrotic Syndrome, Prostatitis

Hematologic: Anemia, Bleeding Disorder, Clotting Blood, Hemophilia, Leukemia, Low Platelets, Lymphedema, Sickle Cell Disease, Sickle Cell Trait

Immune System: AIDS, Immunosuppressant, IV Drug Abuse, HIV, blood transfusions

Head Ears Nose Throat: Head Injury, Metal in Head, Cataracts, Glasses contacts, Glaucoma, Hearing Aids, Hearing Loss, Ringing in Ears Sleep Apnea

Musculoskeletal: Bone Cancer, DJD, Fibromyalgia, Gout, Low Back Pain, Lupus, Osteoarthritis, Osteoporosis, Rheumatoid Arthritis, RSD, Sjorgren's Disease

Neurological: Alzheimers, Anxiety Disorder, Bipolar Disorder, Brain Aneurysm, Brain Surgery, Depression, Epilepsy, Migraine Headaches, Multiple Sclerosis, Obsessive Compulsive Disorder, Paralysis, Parkinson, Polio, Seizures, Shingles, Stroke, TIA (mini stroke)

Respiratory: Asthma, Bronchitis, Chest Pain, COPD, Coughing up Blood, Deep Vein Thrombosis, Sleep Apnea, Sudden Shortness of Breath, Tuberculosis

Vascular: Abdominal Aneurysm, Anemia, Bleeding Disorders, Blood Clots, Peripheral Vascular Disease, Phlebitis, Varicose Veins

Breast: Benign Growth, Cancer, Currently Breast Feeding

OB-GYN: Currently Pregnant

Skin: Contact Dermatitis, Herpes Simplex, Lupus, Psoriasis, Rash, Shingles, Sjorgren's Disease, Skin Infection, Eczema

Cancer: Bladder, Bone Cancer, Brain Tumor, Breast, Colon, Hodgkin's Disease, Leukemia, Lung Cancer, Lymphoma, Melanoma, Ovarian Cancer, Prostate Cancer, Renal Cancer, Skin Cancer, Stomach Cancer, Thyroid Cancer, Uterine Cancer

**Height:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

