AZALEA ORTHOPEDICS

PATIENT MEDICAL PROFILE

Visit Information

Patient Name: _____ Age: _____

Reason for visit: _____ Referring Physician: _____

Primary Care Physician: _____

Type of pain: ❑ Ache ❑ Stabbing ❑ Throbbing ❑ Shooting ❑ Dull ❑ Click / Pop Date of injury: ___/___/___

Severity: None 0 1 2 3 4 5 6 7 8 9 10 Intolerable Duration of pain: _____ Location of pain: _____%

_____%

Pain Aggravated By:

❑ Standing ❑ Walking ❑ Lying
❑ Sleeping ❑ Working ❑ Stairs
❑ Sitting ❑ Driving

Treatments Attempted:

❑ Pain Medications ❑ Anti-Inflammatory ❑ Rest
❑ Wheelchair ❑ Physical Therapy ❑ Ice
❑ Surgery ❑ NONE

Current Health

Please list any health problems that you are currently diagnosed with.

❑ Seizures ❑ Lung Disease ❑ High Blood Pressure ❑ Thyroid Problems ❑ Pulmonary Embolism
❑ Liver Disease / Jaundice ❑ Heart Disease ❑ Cancer ❑ Stomach Ulcers ❑ DVT (Blood Clots)
❑ Osteo Arthritis / Gout ❑ Asthma ❑ Diabetes ❑ Kidney Disease ❑ Rheumatoid Arthritis
❑ Chronic Headache ❑ Depression
❑ Infections: Please explain: _____ Height _____
❑ Other illness: Please explain: _____ Weight _____

Females Only:

Date of Last Menstrual Period: ___/___/___ Currently Pregnant? ❑ Yes ❑ No ❑ Possibly

Surgical History

Please list any previous surgeries and approximate dates of surgery

Surgery:	Date:	Surgery:	Date
_____	___/___/___	_____	___/___/___
_____	___/___/___	_____	___/___/___
_____	___/___/___	_____	___/___/___
_____	___/___/___	_____	___/___/___
_____	___/___/___	❑ NONE	

Known Allergies to Anesthesia: ❑ No ❑ Yes Describe: _____

Medications

Please list any medications that you currently use, including over-the counter medications, vitamins, herbs, and prescribed drugs.

Medication:	Dose:	Medication:	Dose:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	❑ NONE	

Allergies

Known Drug Allergies:

❑ None Known ❑ Iodine ❑ Diagnostic Dyes ❑ Morphine
❑ Penicillin ❑ Codeine ❑ Aspirin ❑ Ibuprophen
❑ Sulfa Drugs ❑ Acetaminophen ❑ Latex
❑ Other: _____

PLEASE TURN OVER