Select any of the following medical conditions that you currently have

- [ ] Anemia, Chronic
- [ ] Anxiety
- [ ] Asthma
- [ ] Atrial Fibrillation (Irregular Heartbeat)
- [ ] Bipolar Disorder
- [ ] Breast Cancer
- [ ] Cardio: Ischemic Heart Disease
- [ ] Cancer _____
- [ ] COPD
- [ ] Coronary Artery Disease
- [ ] Deep Venous Thrombosis (Blood Clot)
- [ ] Depression
- [ ] Diabetes, Insulin or Non Insulin
- [ ] Renal Failure
- [ ] GERD
- [ ] Hepatitis Type_____
- [ ] HIV / AIDS
- [ ] Hypercholesterolemia
- [ ] Thyroid- Hyper or Hypo
- [ ] Hypertension
- [ ] Rheum: Fibromyalgia
- [ ] Rheum: Rheumatoid Arthritis
- [ ] Sleep Apnea
- [ ] Seizures
- [ ] Stroke
- [ ] Other_____

Past Surgeries

Have you had any surgeries on the following organs?

- [ ] None
- [ ] Appendix (Appendectomy)
- [ ] Breast : _____
- [ ] Gallbladder (Cholecystectomy)
- [ ] Gastric Bypass
- [ ] Heart :_____
- [ ] Ovaries: Tubal Ligation
- [ ] Prostate:_____
- [ ] Skin :_____
- [ ] Tonsillectomy
- [ ] Uterus: Hysterectomy
- [ ] Uterus (Hysterectomy): Cesearean Section
- [ ] Other_____

Gynecologic History

Last Menstrual Period_____

Family History

- [ ] None
- [ ] Diabetes
- [ ] Hypertension
- [ ] Osteoarthritis
- [ ] Osteoporosis
- [ ] Other_____

Orthopedic History

- ☐ None
- ☐ Adhesive Capsulitis
- ☐ Bursitis
- ☐ Carpal Tunnel Syndrome
- ☐ Fracture Location:_____
- ☐ Gout
- ☐ Handedness – Ambidextrous, Right or Left
- ☐ HNP, Cervical
- ☐ HNP, Lumbar
- ☐ Osteoarthritis
- ☐ Osteopenia
- ☐ Osteoporosis
- ☐ Psoriatic Arthritis
- ☐ Rheumatoid Arthritis
- ☐ Sciatica
- ☐ Scoliosis
- ☐ Shoulder Impingement
- ☐ Spinal Stenosis, Cervical
- ☐ Spinal Stenosis, Lumbar
- ☐ Vitamin D Deficiency
- ☐ Other_____

Orthopedic Surgery

- ☐ Achilles Tendon Repair
- ☐ ACL Reconstruction
- ☐ Ankle Fracture ORIF, Bilateral, Right or Left
- ☐ Bunion Correction
- ☐ Carpal Tunnel Decompression: Bilateral, Right or Left
- ☐ Cervical Spine Surgery:_____
- ☐ Wrist: Bilateral, Right or Left _____
- ☐ Lower Leg: Bilateral, Right or Left _____
- ☐ Upper Leg: Bilateral Right or Left_____
- ☐ Joint Replacement: Bilateral, Right or Left _____
- ☐ Knee Arthroscopy: Bilateral, Right or Left
- ☐ Lumbar: _____
- ☐ Rotator Cuff Repair: Bilateral, Right or Left
- ☐ Shoulder Arthroscopy: Bilateral, Right or Left
- ☐ Trigger Finger Release Right or Left, T 2 3 4 5
- ☐ Other_____
- ☐ NONE

Medications:

_____

_____

_____

_____

Allergies and Type of Reactions

_____

_____

SMOKER: Y / N **ORAL TOBACCO:** Y / N

PACKS PER DAY: _____ CANS PER DAY: _____

NUMBER OF YEARS: _____

PREVIOUS SMOKER: Y / N YEARS QUIT: _____

ALCOHOL USE: Y / N DAILY / WEEKLY /OTHER

OCCUPATION:_____

WORKPLACE_____

RETIRED / DISABLED / NOT WORKING

HEIGHT: _____ **WEIGHT:** _____