



**Orthopedic Specialist Waxahachie**  
Health History

First Name:	Middle Initial:	Last Name:
DOB:	Reason for Visit:	Date of injury or pain:
Accident Related? Yes No	Work related Injury? Yes No	Treatment received:
Primary Care Physician:	Referring Physician:	Phone #:
Pharmacy:	Pharmacy Address:	Pharmacy Phone #

Occupation:			
Employer:			
Full Time/ Part Time			
Marital Status			
Children	Yes No	# of Children:	

Social History:

Alcohol Use:	Yes No	If Yes: # of drinks per week	
Sexually Active:	Yes No	Birth Control/Protection	
Drug Use:	Yes No	If Yes: # of uses per week	Types:
Tobacco Use:	Yes No	# of packs a day	Types:
Smokeless Tobacco:	Yes No		
Years of Tobacco Use:			

Allergies and Reactions (Please list any allergies)


Medications with dosage and frequency (Please list any medications)




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Surgical History:

Ankle Surgery?	Yes	No	Hand Surgery?	Yes	No	Shoulder Surgery?	Yes	No
Back Surgery?	Yes	No	Heart Surgery?	Yes	No	Spinal Fusion?	Yes	No
Carpal Tunnel Release?	Yes	No	Hip Surgery?	Yes	No	Spine Surgery?	Yes	No
Elbow Surgery?	Yes	No	Knee Arthroscopy?	Yes	No	Wrist Surgery?	Yes	No
Foot Surgery?	Yes	No	Knee Surgery?	Yes	No			
Other Surgical History?	Yes	No						
If Yes? Please Explain:								

Medical History:

Alcoholism:	Yes	No	Fractures:	Yes	No	Inflammatory Arthritis:	Yes	No
Anesthetic Complications:	Yes	No	Gout:	Yes	No	Kidney Disease:	Yes	No
Arthritis:	Yes	No	Heart Disease:	Yes	No	Liver Disease:	Yes	No
Autoimmune Disease:	Yes	No	Hepatitis C:	Yes	No	Lung Disease:	Yes	No
Cancer:	Yes	No	HIV/AIDS:	Yes	No	Osteoporosis:	Yes	No
Clotting Disorder:	Yes	No	Hyperlipidemia:	Yes	No	Smoking:	Yes	No
Deep Vein Thrombosis :	Yes	No	Hypertension:	Yes	No	Stroke:	Yes	No
Diabetes Mellitus:	Yes	No	Infectious Disease:	Yes	No	Thyroid Disease:	Yes	No
If Yes: Please Explain:								

Family History:

	Anesthesia Problems	Arthritis	Cancer	Clotting Disorder	Diabetes Mellitus	Deep Vein Thrombosis	Gout	Heart Disease	Hyperlipidemia	Hypertension	Thyroid Disease	Lung Disease	Osteoporosis	Ovarian Cancer	Hepatitis	HIV	Liver Disease	Autoimmune Disease	Kidney Disease	Stroke
Mother																				
Father																				
Maternal Grandmother																				
Maternal Grandfather																				
Paternal Grandmother																				
Paternal Grandfather																				
Other Details:																				