3033 W. Layton Avenue
Greenfield, WI 53221
Phone: (414) 647-0033
Fax: (414) 647-0079

Sports Medicine & Orthopedic Center, S.C.

www.orthoped.com

DONALD J. ZOLTAN, M.D.
ORTHOPEDIC SURGEON
BRIAN E. BLACK, M.D.
CHILDREN'S ORTHOPEDIC SURGEON
DAVID L. CORAN, M.D.
ORTHOPEDIC SPINE SURGEON
JOHN A. SCHNEIDER, M.D.
ORTHOPEDIC HAND and
UPPER EXTREMITY SURGEON
DAMIAN C. KOSEMPA, M.D.
ORTHOPEDIC SURGEON
HARVEY S. KOHN, M.D.
ORTHOPEDIC SURGEON
THOMAS A. PIETROCARLO, D.P.M.
PODIATRIST - FOOT SPECIALIST
GARY N. GUTEN, M.D.
FOUNDER-EMERITUS
ORTHOPEDIC SURGEON

PATIENT PAST HISTORY FORM

Please fill out this form prior to seeing physician

DATE:_____

NAME:_____ **DOB:**_____

Age:_____ Height:_____ Weight:_____ Circle: Right or Left Handed

Family Physician:_____ Phone_____

Emergency Contact:_____ Phone_____

SOCIAL HISTORY:

What is your current occupation?_____

PAST MEDICAL HISTORY: Please circle where appropriate.

Medical Illness: High blood pressure / Heart disease / HIV / Kidney disease
Infection / Diabetes / Abdominal disease / Hepatitis / Asthma
Ulcer or GI Difficulty / Bone/Joint disease / Cancer

Other_____

Injuries:_____

Operations:_____

_____

MEDICATIONS: _____

_____

ANY ALLERGIES TO MEDICATIONS AND/OR METALS (I.E. NICKEL)?_____

Describe?_____

Do you smoke? Yes / No Do you drink alcohol? Yes / No (please circle) Frequency?_____

Are you pregnant? Yes / No

FAMILY HISTORY:

Do you have a family history of diseases? If yes, please specify:_____

_____

Turn Over...

_____

Physician Signature / Date Signed

REVIEW OF YOUR BODY SYSTEMS: Do you have now or have you ever had any of the following:

		No	Yes
1.	Colitis		
2.	Rectal Bleeding		
3.	Change in Bowel Habits		
4.	Black, Tarry Stools		
5.	Chest Pain		
6.	Cough Blood		
7.	Shortness of breath		
8.	Eye Problems		
9.	Ears, nose, throat problems		
10.	Thyroid problem		
11.	Lung Disease		
12.	Gallbladder Disease		
13.	Venereal Disease		
14.	Kidney Stone(s)		
15.	Blood in Urine		
16.	Epilepsy		
17.	Nervous Disorder		
18.	Depression		
19.	Stroke		
20.	Blood Disease or Anemia		
21.	Any other not listed		

Please Explain any "YES" answers: _____

_____

_____

_____

_____

_____

_____