

Name:
DOB:
Chart:
Age/Gender:
Date:

NEW PATIENT HISTORY FORM

PASADENA ORTHOPEDICS

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NAME: _____ TODAY'S DATE: _____ AGE: _____

PREFERRED PHONE# _____ EMAIL ADDRESS: _____

HOME ADDRESS: _____

INSURANCE: _____ PRIMARY SUBSCRIBER/DOB: _____

PREFERRED PHARMACY: _____ PRIMARY CARE PHYSICIAN _____

HAND DOMINANCE: RIGHT _____ LEFT _____

PART OF THE BODY TO BE EVALUATED: (*Circle - RIGHT OR LEFT*): _____

DATE OF ONSET: _____

DESCRIPTION OF PROBLEM OR INJURY: _____

ALLERGIES TO MEDICATION: (PLEASE LIST REACTION): _____

CURRENT MEDICATIONS: (INCLUDE DOSE AND FREQUENCY): _____

PAST MEDICAL HISTORY (CHRONIC CONDITIONS, SERIOUS INJURY OR ILLNESS):

PAST SURGICAL HISTORY (UNRELATED TO CURRENT PROBLEM):

HAVE YOU HAD TROUBLE WITH ANESTHESIA BEFORE: YES _____ NO _____

IF YES, PLEASE DESCRIBE: _____

(SEE NEXT PAGE)

Name:

DOB:

Date:

SOCIAL HISTORY:

OCCUPATION: _____

HOBBIES/INTEREST: _____

(please circle)

DO YOU SMOKE: YES or NO CIGARETTES PER DAY: _____

DRINK ALCOHOL: YES or NO AMOUNT PER DAY: _____

OTHER RECREATIONAL DRUGS: _____

REVIEW OF SYSTEMS:

DO YOU HAVE OR HAVE YOU EVER HAD THE FOLLOWING PROBLEMS (CIRCLE AND DESCRIBE)

HEAD: STROKE / TIA / SEIZURES / EYES / EARS / NOSE / THROAT / THYROID

GI: ESOPHAGUS / GERD / REFLUX / STOMACH / ULCERS / DIGESTIVE

LUNGS: BREATHING PROBLEMS / ASTHMA / SLEEP APNEA / CPAP

HEART: CONGESTIVE HEART FAILURE / HEART ATTACK / STENTS / IRREGULAR HEART BEAT

LIVER / CIRRHOSIS / HEPATITIS: TYPE: A / B / C

KIDNEY DISEASE / STONES

BLADDER / URINATION

BOWEL PROBLEMS

GENERAL: HYPERTENSION / OBESITY / DIABETES

HYPOTHYROIDISM / HORMONE PROBLEMS

CIRCULATION PROBLEMS / LEG SWELLING / RASH / OPEN WOUND

BLEEDING PROBLEMS / BLOOD CLOTS / PULMONARY EMBOLI

CANCER - TYPE: _____

NUMBNESS / TINGLING / BALANCE PROBLEMS

PSYCHOLOGICAL CONDITIONS / DRUG ADDICTION

DO YOU EXPERIENCE?

(please circle)

CHEST PAINS: YES or NO

SHORTNESS OF BREATH: YES or NO

HAVE YOU EXPERIENCED UNEXPLAINED?

(please circle)

FEVER: YES or NO

CHILLS: YES or NO

WEIGHT LOSS: YES or NO

HEIGHT: _____ WEIGHT: _____