

Name: _____ Age: _____ DOB: _____

MEDICATIONS: if you are **NOT** an *established* Borgess patient, please list your current medications:

_____	_____	_____
_____	_____	_____
_____	_____	_____

ALLERGIES: None NSAIDs/aspirin Sulfa Penicillin Latex Contrast Dye Other: _____

Do you take Calcium and/or Vitamin D? No Yes

Have you ever had a problem with anesthesia? No Yes

Have you ever been told you cannot have an MRI? No Yes: why? _____

Have you ever had a joint injection? No Yes: which joint(s): _____

MEDICAL HISTORY: Please Circle (Y)es or (N)o if you have any of the following medical problems:

High blood Pressure	Y	N	COPD/Asthma	Y	N	Osteoporosis	Y	N
Heart disease/attack	Y	N	HIV/AIDS	Y	N	Thyroid problems	Y	N
Stroke	Y	N	Blood Clot/DVT	Y	N	Depression	Y	N
Diabetes	Y	N	Hepatitis	Y	N	Fibromyalgia	Y	N
Stomach ulcer/reflux	Y	N	Cancer	Y	N	Arthritis	Y	N
Kidney problems	Y	N	Kidney stones	Y	N	Gout	Y	N

Other: _____

SURGICAL HISTORY: NONE BARIATRIC HEART

List any **Orthopedic surgeries** (i.e. Bone, Joint, Muscle, Tendon) and date

_____	_____	_____
_____	_____	_____
_____	_____	_____

SOCIAL HISTORY: (circle answer)

Retired Unemployed Employed, Job: _____ Disabled (why?) _____

Tobacco use: never previous current: packs/day _____

Alcohol Use: never Occasional Monthly Weekly Daily

Drug Use: never Marijuana Cocaine IV drugs Other _____

FAMILY HISTORY: please list any FAMILY history/medical problems (i.e. heart disease, stroke, diabetes, cancer)

Mother: _____ Father: _____

Siblings: _____

REVIEW OF SYSTEMS: Please indicate (y)es or (N)o if you have any of the following symptoms.

Unexpected Weight Loss	Y	N	New Vision Problems	Y	N	Heartburn	Y	N
Difficulty Swallowing	Y	N	Chest Pain	Y	N	Shortness of Breath	Y	N
Blood in Urine	Y	N	Joint Swelling	Y	N	Skin Rash	Y	N
Allergy: food/environment	Y	N	Hallucinations	Y	N	Numbness/tingling	Y	N
Easy Bleeding/bruising	Y	N	Excessive Thirst	Y	N	Unsteady gait	Y	N

Other medical concerns? _____

Patient Signature: _____ Physician Signature/date: _____

(I attest that I have answered to the best of my ability/knowledge) (I attest that I have reviewed this information)