

Cedar Valley Medical Specialist-Orthopedics

Medical History Questionnaire

**Thomas S. Gorsche, MD/Robert B. Bartelt, MD/Mark T. Gorsche, MD
Stephanie Smith, ARNP/Megan Imoehl, ARNP**

Date: _____

Patient Name: _____ **Date of Birth:** _____

Email: _____

Male Female Age _____ Height _____ Weight _____ Dominant Hand R L

Who referred you: _____

What problem are you seeing the doctor for today:

- | | | |
|---|--|-------------------------------|
| <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |
| <input type="checkbox"/> Hip | <input type="checkbox"/> Shoulder | |
| <input type="checkbox"/> Thigh | <input type="checkbox"/> Arm | |
| <input type="checkbox"/> Knee | <input type="checkbox"/> Elbow | |
| <input type="checkbox"/> Calf | <input type="checkbox"/> Forearm | |
| <input type="checkbox"/> Ankle | <input type="checkbox"/> Wrist | |
| <input type="checkbox"/> Foot | <input type="checkbox"/> Hand | |
| <input type="checkbox"/> Toes B 2 3 4 5 | <input type="checkbox"/> Fingers B 2 3 4 5 | |

Current Occupation: _____ Are you currently able to Work: Yes No

Work Status (circle one): Regular Light Duty Disabled Retired Student

MEDICATIONS: (Attach sheet if necessary)

ALLERGIES

- | Yes | No |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> | <input type="checkbox"/> Sulfa |
| <input type="checkbox"/> | <input type="checkbox"/> Codeine |
| <input type="checkbox"/> | <input type="checkbox"/> IVP Dye |
| <input type="checkbox"/> | <input type="checkbox"/> Metal |
| <input type="checkbox"/> | <input type="checkbox"/> Morphine |

Other: _____

PRIOR SURGERIES:

Check any surgeries that apply:

- Back Tonsils Appendix Gallbladder
 Hernia Hysterectomy Tubal Ligation
 Heart Surgery Total Knee Total Hip
 Rotator Cuff

I GIVE PERMISSION TO RELEASE HEALTH INFORMATION TO THE FOLLOWING PEOPLE

(Ex. FAMILY MEMBERS/FRIENDS): _____

SIGNED (ADULT): _____