



Name: \_\_\_\_\_

Your Illnesses & Hospitalizations – Circle all that Apply

- |                     |                      |                     |                       |
|---------------------|----------------------|---------------------|-----------------------|
| Alcoholism          | Depression           | Hepatitis Type ____ | Polio                 |
| Alzheimer’s Disease | Diabetes- Insulin    | Hiatal Hernia       | Polymyalgia Rheumatic |
| Anemia              | Diabetes-medications | Hypertension High   | Prostrate hypertrophy |
| Aneurysm            | Diabetes-Diet        | Blood Pressure)     | Pulmonary Disease     |
| Arthritis           | Diverticulitis       | Hepatitis Type ____ | Renal Disease         |
| Rheumatoid          | Eyes- Glaucoma       | Hiatal Hernia       | Dialysis              |
| Osteoarthritis      | Eyes- Macular        | Irritable Bowel     | Rheumatic Fever       |
| Asthma              | Degeneration         | Syndrome            | Seizure Disorder      |
| Bleeding Disorder   | Fibromyalgia         | Liver Disease       | Skin Disease          |
| Cancer              | Gastric Ulcer        | Lyme Disease        | Syncope               |
| Where ____          | GI Bleed             | Migraine Headaches  | Thromboembolism       |
| Chemotherapy        | Gout                 | Sleep Apnea         | Thrombophlebitis      |
| Cerebral Palsy      | Heart Disease        | Osteoporosis        | Thyroid Disease       |
| CVA/Stroke          | Angina               | Pancreatic Disorder | Hyperthyroidism       |
| Cholelthasis        | Arrhythmia           | Parkinson Disease   | TIA/ Stroke           |
| COPD/(Chronic       | Heart Murmur         | Peripheral Vascular | Tuberculosis          |
| Pulmonary Disease)  | Heart Valve Disease  | Disease             | Varicose Veins        |
|                     | Mitral Valve         | Pneumonia           |                       |
|                     | Prolapsed            |                     |                       |
|                     | Myocardial           |                     |                       |
|                     | Infarction (Heart    |                     |                       |
|                     | Attack)              |                     |                       |

Family History- Circle all that Apply

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|-------------------|----------------------|------------------|----------------------|
| Alzheimer         | Cancer               | Gout             | Obesity              |
| Ariourysius       | Circulatory Problems | Heart Disease    | Psychiatric disorder |
| Arthritis         | Diabetes             | High Cholesterol | Seizure Disorder     |
| Bleeding Disorder | Genetic/ Hereditary  | Hypertension     | Stroke               |
| Blood Clots       | Disorder             | Kidney Disease   | Tuberculosis         |
| Breast Cancer     | GI Disease or Ulcer  | Leukemia         |                      |

Other Orthopedic Problems	R/L or Both	Date of Onset

Past Orthopedic Operations	R/L or Both	Date of Surgery