Chan Soon-Shiong Medical Center at Windber

Orthopedic Walk-In Clinic

HEALTH HISTORY

Patient Name:		**DOB:**	**Age:**	**Sex:** □M □F
Marital Status: □ Married □ Single □ Divorced				
Referring Provider:		**Primary Care Physician:**		
Height:	**Weight:**			

MEDICATIONS

Please list your prescribed medications and any over-the-counter medications.

Name of Medication	Strength	Frequency

ALLERGIES TO MEDICATIONS

Name of Medication	Reaction

PAST MEDICAL HISTORY

□ AIDS/HIV Positive	□ Bulimia	□ Liver Disease	□ Thyroid Issues
□ Alcoholism	□ Cancer Type:	□ Migraine Headaches	□ Tuberculosis
□ Anemia	□ Depression	□ Multiple Sclerosis	□ Gastric Ulcers
□ Anorexia	□ Diabetes	□ Neurological Problems	□ High Cholesterol
□ Arthritis	□ Gout	□ Prostate Problems	□ Other:
□ Asthma	□ Heart Disease	□ Psychological Disorders	
□ Bleeding Disorder	□ Hepatitis	□ Reflux/heartburn	
□ Blood Clots	□ High Blood Pressure	□ Rheumatic Fever	
□ Breast Lump	□ Kidney Disease	□ Scarlet Fever	
□ Breathing Problems	□ Kidney Stones	□ Sleep Apnea	

SURGICAL HISTORY		
Surgery	Year	Hospital

FAMILY HISTORY					
	PARENT	SIBLING	GRANDPARENTS	NO FAMILY HISTORY	UNSURE
Diabetes					
Cancer (type)					
Heart Disease					
Hypertension					
High Cholesterol					
Rheumatoid Arthritis					
OTHER:					

SOCIAL HISTORY	
Smoke: □ Y □ N Former Smoker: □ Y □ N	How many: # pack(s) per:
Drink: □ Y □ N	How much: # drink(s) per:
Illicit drugs: □ Y □ N	How much/type: