PATIENT HEALTH SURVEY

Name: ______________________ Ht.______ Wt.______

Reason for today's visit: ______________________

Date of injury/onset ______________________ Affected Extremity: ______LEFT ______ RIGHT

How did this happen? ______________________

Are you right or left handed? __________ Are you working now? Y N Date Last Worked __________

Next of Kin/Emergency Contact: __________ Relationship: __________ Phone: __________

ALLERGIES: (Please indicate what type of reaction to the right of the medication):

_____ None
_____ Anesthesia __________
_____ Aspirin __________
_____ Codeine __________
_____ Dyes for tests __________

_____ Demerol __________
_____ Erythromycin __________
_____ Iodine __________
_____ Morphine __________
Other__________

_____ Penicillin __________
_____ Sulfa __________
_____ Latex Products (rubber gloves Balloons) __________
Other __________

CURRENT MEDICATIONS:______________________

____

PHARMACY:______________________ **ADDRESS:** ______________________

FAMILY PHYSICIAN:______________________ **REFERRING PHYSICIAN:**______________________

Do You Drink Alcohol? ___ Yes ___ No How Much per Week? __________

Do you Smoke? Y N How many years? _____ Are you Claustrophobic? Y N

Any metal in your body? Y N Where? ______________________

Could you be Pregnant? Y N

YOUR MEDICAL HISTORY:

___ Aids/HIV
___ Anemia
___ Arthritis
___ Asthma/Chronic Bronchitis
___ Bleeding Disorder
___ Bone Disease
___ Diabetes
___ Insulin ___ Pills

___ Cancer
___ COPD/SOB
___ Dialysis
___ Emphysema
___ Epilepsy/Seizures
___ Gout
___ Heart Disease
___ Heart Murmur

___ Hepatitis
___ High Blood Pressure
___ Infections
___ Jaundice
___ Muscle Weakness
___ Numbness/weakness In Extremities

___ Pacemakers
___ Rheumatic Fever
___ Thyroid
___ Tuberculosis
___ Ulcers

Other: ______________________

SURGICAL HISTORY:

Type of Surgery	Date	Type of Anesthesia	Problems with Anesthesia

Has any member of your family had problems with anesthesia? What type of Problems? ______________________

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Patient or Parent/Guardian's Signature ______________________ Date __________