

ORTHOPAEDIC & SPINE CENTER OF THE ROCKIES

lame:	Date of Birth:			
Age: Height: We	eight: BMI:	(OFFICE USE ONLY)		
Current Medications & Supplement	s Medication Allero	gies Reaction Pries Date		
	All Previous Surge			
Madical History Diogo ob		ingnosed with the following		
Heart	eck the box(s) if you have ever been de	Brain		
☐ Heart Attack / MI: (Year)		☐ Stroke ☐ TIA		
☐ High blood pressure	☐ Asthma: Liters	☐ Seizures (in past 5 years)		
☐ Irregular Heartbeat (A-Fib)	☐ Sleep Apnea ☐ Use CPAP	☐ Depression/Anxiety ☐ Bipolar		
☐ Heart failure/CHF ☐ Pacemaker	☐ Chronic Bronchitis	tis ☐ Alzheimers/Dementia B) ☐ Parkinsons		
☐ Valve replaced ☐ Defibrillator	☐ Tuberculosis (TB)			
☐ Heart Surgery: (Year)	☐ Recent Pneumonia:			
☐ Cath ☐ Bypass ☐ Stent	☐ Other:	☐ Other:		
Endocrine/Kidney	Blood/Cancer	GI System		
☐ Diabetes ☐ On Insulin	☐ Blood Clots (DVT in legs, PE)	☐ GI Bleed		
☐ Thyroid Disease	☐ On a Blood Thinner:	☐ Ulcer		
☐ Liver Disease / Cirrhosis	☐ Anemia	☐ Acid Reflux / Heartburn		
☐ Kidney Failure ☐ On Dialysis	☐ Cancer:(type)	☐ Hiatal Hernia		
☐ Other:	☐ Other:	☐ Other:		
Infections	Rheumatology	Social History		
☐ HIV / AIDS	☐ Rheumatoid Arthritis (RA)	☐ Chew Tobacco		
☐ Hepatitis B / C	☐ Lupus (SLE)			
□ MRSA	☐ Fibromyalgia			
☐ Current Active Infection	☐ Other:	Use Street Drugs/Marijuana ☐ Withdrawal from alcohol/drugs		
□ Other:				
Additional Medical Information:				

MRN: _____

Explain: History of Malignant Hyperthermia: Self Family		: ≥ 45 = ANESTHESIA CON	BMI:				
Please check box(s) if you have experienced the following within the past 6 months		Date of Birth:	Age:				lame:
Please check box(s) if you have experienced the following within the past 6 months		Are You Pregnant?		strual Period: _	Last Menstro		
Poor Appetite						OF	REVIEW
Unexplained weightloss Recent Fever Head Frequent Headaches Eyes Visual Changes Throat Chronic Sore Throat Difficulty Swallowing Mouth Recent Dental Infection Chronic Cough Heart Chronic Cough Heart Chronic Leg Swelling Abdomen Nausea/Vomiting Bowel Irregularities Life threatening/Severe reaction to Anesthesia Explain: Explain: Sexplain: Significant Nausea or Vomiting after Anesthesia Severe Motion Sickness Dental: Loose or Capped Teeth Allergies: Allergy to certain Anesthetics (gas, IV, Local ie: "caines") Explain: Severe Motion Sickness Dental: Loose or Capped Teeth Allergies: Allergy to certain Anesthetics (gas, IV, Local ie: "caines") Explain: Allergy to Adhesives/ Tape: Reaction: Allergy to Food(s): List: Allergy to Food(s): List:		lowing within the past 6 months	ed the followin	nave experience	Please check box(s) if you have	F	
Recent Fever		a History:	Anesthesia Hi	Α	Poor Appetite		General
History of Difficult Intubation (breathing tube) Explain: Self Family Explain: Severe Motion Sickness Severe Motion Sickness Severe Motion Sickness Dental: Loose or Capped Teeth Allergies: Allergies: Allergy to certain Anesthetics (gas, IV, Local ie: "caines") Explain: Severe Motion Sickness Dental: Loose or Capped Teeth Allergies: Allergy to certain Anesthetics (gas, IV, Local ie: "caines") Explain: Self Family Family Explain: Dental: Loose or Vomiting after Anesthesia Severe Motion Sickness Dental: Loose or Capped Teeth Allergies: Allergy to certain Anesthetics (gas, IV, Local ie: "caines") Explain: Allergy to Latex: Reaction: Swelling/Breathing Reaction: Allergy to Adhesives/Tape: Reaction: Allergy to Food(s): List: Allergy to Food(s): List		re reaction to Anesthesia	ening/Severe rea	☐ Life threate	Unexplained weightloss		
Eyes				Explain:	Recent Fever		
History of Malignant Hyperthermia:				Frequent Headaches		lead	
□ Difficulty Swallowing Mouth □ Recent Dental Infection □ Shortness of Breath □ Chronic Cough Heart □ Chest Pain □ Pounding of Heart □ Chronic Leg Swelling □ Bowel Irregularities □ Significant Nausea or Vomiting after Anesthesia □ Severe Motion Sickness □ Dental: Loose or Capped Teeth Allergies: □ Allergy to certain Anesthetics (gas, IV, Local ie: "caines") □ Explain: □ Allergy to Latex: Reaction: □ Swelling/Breathing □ R □ Allergy to Adhesives/ Tape: Reaction: □ Allergy to Food(s): List: □ Allergy to Food(s): List:				Visual Changes		yes	
Mouth ☐ Recent Dental Infection ☐ Dental: Loose or Capped Teeth Lungs ☐ Shortness of Breath ☐ Chronic Cough ☐ Allergy to certain Anesthetics (gas, IV, Local ie: "caines") ☐ Explain: ☐ Pounding of Heart ☐ Chronic Leg Swelling ☐ Allergy to Adhesives/ Tape: Reaction: ☐ Swelling/Breathing ☐ R ☐ Allergy to Food(s): List: ☐ Allergy to Food(Explain:	Chronic Sore Throat		Throat
Wouth □ Recent Dental Infection Lungs □ Shortness of Breath □ Chronic Cough Allergies: □ Chest Pain □ Allergy to certain Anesthetics (gas, IV, Local ie: "caines") □ Explain: □ Allergy to Latex: Reaction: □ Swelling/Breathing □ R □ Abdomen □ Nausea/Vomiting □ Allergy to Food(s): List: □ Allergy to Food(s): List:		Vomiting after Anesthesia	t Nausea or Vom	☐ Significant	Difficulty Swallowing		
□ Dental: Loose or Capped Teeth □ Chronic Cough Heart □ Chest Pain □ Pounding of Heart □ Chronic Leg Swelling Abdomen □ Nausea/Vomiting □ Bowel Irregularities □ Dental: Loose or Capped Teeth Allergies: □ Allergy to certain Anesthetics (gas, IV, Local ie: "caines") Explain:□ Swelling/Breathing □ R □ Allergy to Adhesives/ Tape: Reaction:□ Swelling/Breathing □ R	☐ Severe Motion Sickness		□ Severe Mot	Recent Dental Infection	П	Mouth	
Chronic Cough Heart □ Chest Pain □ Pounding of Heart □ Chronic Leg Swelling Abdomen □ Nausea/Vomiting □ Bowel Irregularities □ Chronic Cough Allergies: □ Allergy to certain Anesthetics (gas, IV, Local ie: "caines") □ Explain: □ Allergy to Latex: Reaction: □ Allergy to Adhesives/ Tape: Reaction: □ Allergy to Food(s): List: □ Allergy to Food(s): List:		ped Teeth	ose or Capped	☐ Dental: Loc			vioutii
Heart ☐ Chest Pain ☐ Pounding of Heart ☐ Chronic Leg Swelling ☐ Allergy to certain Anesthetics (gas, IV, Local ie: "caines") ☐ Explain: ☐ Allergy to Latex: Reaction: ☐ Swelling/Breathing ☐ R ☐ Allergy to Adhesives/ Tape: Reaction: ☐ Allergy to Food(s): List: ☐ Allergy to Food(s):			A.II				_ungs
Explain: ☐ Pounding of Heart ☐ Chronic Leg Swelling ☐ Allergy to Latex: Reaction: ☐ Swelling/Breathing ☐ R ☐ Allergy to Adhesives/ Tape: Reaction: ☐ Allergy to Food(s): List: ☐ Allergy to Food(s):		athetics (res. N/ Leadin "opingo")	•		•		
☐ Chronic Leg Swelling ☐ Chronic Leg Swelling ☐ Allergy to Latex: Reaction: ☐ Swelling/Breathing ☐ R ☐ Allergy to Adhesives/ Tape: Reaction: ☐ Allergy to Food(s): List: ☐ Allergy to Food(s): ☐ Allergy to					Chest Pain		Heart
Chronic Leg Swelling ☐ Allergy to Adhesives/ Tape: Reaction:				Pounding of Heart			
Abdomen □ Nausea/Vomiting □ Allergy to Food(s): List:					Chronic Lea Swelling		
□ Bowel Irregularities					Abdomen		
E. Di. Liv Oberle				L Allergy to 1			
				П Едде: Веза	DI III Ola ala	_	
☐ Recurrent Indigestion				L Lggs. Hou			
☐ Abdominal Pain Other:			Other:	C	•		
History of Chronic Pain/Daily Narcotics		iin/Daily Narcotics	Chronic Pain/Da	☐ History of (Uningting at Night		Ululusama
Urinary ☐ Urinating at Night ☐ Contact Lenses ☐ Hearing Aids ☐ Piercings			☐ Contact Le	•	_	Urinary	
☐ Frequent Urination ☐ Contact Lenses ☐ Freating / Italiang / Ita	Implanted Hardware/Metal or Devices: Explain:		☐ Implanted	•			
☐ Painful/Burning Urination ☐ Implanted Hardware/Metar of Devices. Explain:					railliui/Duttiing Utiliation	Ц	
		se in last year:	e (steroid) use in l	☐ Cortisone			Blood
☐ Bleed Easily ☐ History of a Blood Transfusion: Reaction: ☐ Yes ☐ No		ansfusion: Reaction: 🛘 Yes 🗘 No	a Blood Transfu	☐ History of a	Bleed Easily		
Skin				Explain:	Infection		Skin
☐ Ulcer/Wound					Ulcer/Wound		
Family History:			-				Othor
Other Blood Clots Lung Disease						_	Other
						_	
Diabetes		☐ Kidney Disease		☐ Diabetes			
Date: Patient Signature: MA Signature:	MA Signature:			re:	Patient Signature:		Date:
Updated: Patient Signature: MA Signature:		MA Signature:		re:	Patient Signature:		Undated:

PATIENT HEALTH HISTORY
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