# TRINITY ORTHOPEDICS

809 W. Harwood Rd., Suite 101
Hurst, Tx 76054

Last Name: _____ First Name: _____ M.I _____ ☐ Male ☐ Female

Date of Birth _____/_____/_____ Age _____

Primary Physician (provide first & last name) _____ Height _____ Weight _____ Temp _____

| Yes | No | Details Medication |
|---|---|---|
| ☐ | ☐ | High Blood Pressure_____ |
| ☐ | ☐ | Heart Problems/Pacemaker/Chest Pain_____ |
| ☐ | ☐ | Diabetes_____ |
| ☐ | ☐ | Cancer_____ |
| ☐ | ☐ | Asthma/Lung Disease/Shortness of Breath_____ |
| ☐ | ☐ | Hepatitis/Liver Disorders_____ |
| ☐ | ☐ | Thyroid Problems_____ |
| ☐ | ☐ | Bleeding Problems/Stroke_____ |
| ☐ | ☐ | Blood Clots/Phlebitis_____ |
| ☐ | ☐ | Kidney Disease_____ |
| ☐ | ☐ | Frequent Bladder Infections_____ |
| ☐ | ☐ | Stomach Ulcer/Bleeding_____ |
| ☐ | ☐ | Depression/Mental Illness_____ |
| ☐ | ☐ | Recent Weight Change_____ |
| ☐ | ☐ | Eyes, Vision Change_____ |
| ☐ | ☐ | Ear, Nosem Throat, Mouth Problems_____ |
| ☐ | ☐ | Seizure_____ |
| ☐ | ☐ | Osteoporosis_____ |
| ☐ | ☐ | Numbness/Tingling_____ |
| ☐ | ☐ | Other Illness/Hospitalization _____ |
| ☐ | ☐ | Previous Bone or Joint Problems_____ |
| ☐ | ☐ | Other Sports Injury_____ |

**DRUG ALLERGIES:** (CHECK YES OR NO)

Yes No if yes, provide details_____

**Medications (current/recent)**

| *Name of Med.* | *Dosage* | *Frequency* |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Yes No

☐ ☐ **PREVIOUS SURGERY** (Type and dates)_____

☐ ☐ **FAMILY HISTORY** (Illness, reactions to anesthesia_____

☐ ☐ **RECENT TEST RESULTS** (EKG, chest x-ray, blood or HIV tests, etc_____

☐ ☐ **RECENT ILLNESSES OR SYMPTOMS**_____

☐ ☐ **SMOKE?**
(Pack/day)_____

☐ ☐ **DRINK?** (how often?)_____

**Women Only:**

Pregnant?

Birth Control
(type)_____
Date Last Period
Started_____
Normal?

***Note: This is a confidential record of your medical history and will be kept in theis office. Information contained here will not be released to any person, except when you have authorized us to do so. I have read and answered completely and accurately.***

*SIGNATURE:*_____
*DATE:*