

SEACOAST ORTHOPEDICS & SPORTS MEDICINE

Marsh Brook Professional Center, 237 Route 108, Somersworth NH 03878 (603) 742-2007

Reviewed with patient _____

Patient's Name (Please Print) _____ Date: _____

INTAKE FORM

Medical History:	Have Now		Had In the Past		Family History	Yes	No
	Yes	No	Yes	No			
Heart Disease (angina)	___	___	___	___	Heart Disease	___	___
Lung Disease (asthma, COPD)	___	___	___	___	Lung Disease	___	___
Liver Disease (hepatitis, cirrhosis)	___	___	___	___	Liver Disease	___	___
Kidney Disease	___	___	___	___	Kidney Disease	___	___
Diabetes	___	___	___	___	Diabetes	___	___
High Blood Pressure	___	___	___	___	High Blood Pressure	___	___
Arthritis	___	___	___	___	Arthritis	___	___
Blood Clots	___	___	___	___	Blood Clots	___	___
Ulcers/Stomach Problems	___	___	___	___	Ulcers/Stomach Problems	___	___
Depression	___	___	___	___	Depression	___	___
Seizures/Parkinson's	___	___	___	___	Seizures/Parkinson's	___	___
Numbness or Tingling (arms/legs)	___	___	___	___	Numbness/Tingling Arms/Legs	___	___
Unexpected weight loss or gain	___	___	___	___	Unexpected Weight Loss/Gain	___	___
Cancer (Location _____)	___	___	___	___	Cancer (Location _____)	___	___
Bruise easily	___	___	___	___			

What medications are you currently taking? Please include herbs and vitamins. _____

Please list surgeries (eg. Tonsillectomy) _____

Other Medical Problems: _____

Please list ALLERGIES to medications, metals, latex or foods: _____

Height: _____ Weight: _____

Do you smoke? _____ If yes, how many packs per week? _____

Do you drink? _____ If yes, how much per day? _____

Current Age: _____ Marital status: Single _____ Married _____ Widowed _____ Divorced _____

Children? Yes _____ No _____ How many? _____

Type of work: _____ Retired? Yes _____ No _____

Is there anything else you want your doctor to know about? _____