

## Orthopedics

Patient Name: \_\_\_\_\_

### Surgical History

DOB: \_\_\_\_\_

Ankle fracture surgery	Yes No	Foot surgery	Yes No	Knee surgery	Yes No
Back surgery	Yes No	Hand surgery	Yes No	Laminectomy	Yes No
Carpal tunnel release	Yes No	Hip surgery	Yes No	Shoulder arthroscopy	Yes No
Elbow fracture surgery	Yes No	Humerus fracture surgery	Yes No	Shoulder surgery	Yes No
Elbow surgery	Yes No	Joint Replacement	Yes No	Spinal fusion	Yes No
Femur fracture surgery	Yes No	Knee arthroscopy	Yes No	Wrist fracture surgery	Yes No
Foot fracture surgery	Yes No	Abdomen surgery	Yes No	Heart surgery	Yes No

Other Surgical History (if not listed above) \_\_\_\_\_

If Yes please explain \_\_\_\_\_

### Medical History

Anesthetic complications	Yes No	Cancer	Yes No	Osteoarthritis	Yes No
Ankylosing spondylitis	Yes No	Carpal tunnel	Yes No	Osteoporosis	Yes No
Arthritis	Yes No	Fibromyositis	Yes No	Pagets disease of bone	Yes No
Bakers Cyst	Yes No	Fractures	Yes No	Scoliosis	Yes No
Bone Cyst	Yes No	Ganglion cyst	Yes No	Spondylolisthesis	Yes No
Bursitis	Yes No	Kyphosis	Yes No		

Other Medical History \_\_\_\_\_

If Yes please explain \_\_\_\_\_

