OSG
A tradition of excellence.
ORTHOPAEDIC AND SPORTS MEDICINE CENTER
-Norman, P.C.

ORTHO PATIENT MEDICAL FORM

PATIENT INFORMATION

Patient's Name: _____ **DOB:** _____

First *Last*

CURRENT MEDICAL HISTORY (check all of the medical symptoms that you are currently experiencing):

Constitutional:
- Fatigue ☐
- Fever ☐

HEENT:
- Hoarseness ☐
- Nose Bleed ☐

Cardiology:
- Chest Pain ☐
- Shortness of breath ☐
- Swelling of ankles ☐

Neurology
- Headache ☐
- Loss of feeling in legs ☐
- Numbness ☐
- Seizures ☐

Respiratory
- Blood-tinged sputum ☐
- Cough ☐
- Wheezing ☐

Gastroenterology
- Abdominal pain ☐
- Black stools ☐
- Blood in stools ☐
- Heartburn ☐
- Nausea ☐

Hematology/Lymph
- Abnormal bleeding ☐

Musculoskeletal
- Bone pain ☐
- Joint stiffness ☐
- Joint pain ☐
- Joint swelling ☐
- Joint redness ☐
- Leg cramps ☐
- Muscle pain ☐
- Muscle stiffness ☐

Psychology:
- Depression ☐

Urology:
- Blood in urine ☐
- Recurrent UTI ☐

Dermatology:
- Rash ☐

None of the above ☐