A tradition of excellence.
OSC ORTHOPAEDIC AND SPORTS MEDICINE CENTER –Norman, P.C.

PATIENT MEDICAL HISTORY FORM

PATIENT INFORMATION

Patient's Name: ____ **DOB:** ____________________

First *Last*

Current Pharmacy:____

Name *City* *State*

List All Medications that you are currently taking: ☐ **None**

Medication	*Strength*	*Quantity*	*Frequency*

List any medication allergies: ☐ **None** ____

____

List all past surgeries: ☐ **None**

Surgery	*Year*

List all hospitalizations: ☐ **None**

Reason for hospitalization	*Year*

Updated 10-13-2020

Patient's Name: ____ **DOB:** ________________________

First *Last*

FAMILY HISTORY: ☐ **Unknown**

Number of Brothers: _________ Sisters: ________ Sons: _________ Daughters: ___________

Check the box for those medical histories that apply:

Member	Status	YOB	Age	Diabetes	Hypertension	Heart Disease	Stroke	Mental Illness	Cancer	Anesthetic Reaction	Unknown
Father	☐ Alive ☐ Deceased										
Mother	☐ Alive ☐ Deceased										
Siblings	☐ Alive ☐ Deceased										
Siblings	☐ Alive ☐ Deceased										
Siblings	☐ Alive ☐ Deceased										
Siblings	☐ Alive ☐ Deceased										

SOCIAL HISTORY

Do you smoke? ☐ No ☐ Yes Approximate number per day: ________________

Are you pregnant? ☐ N/A ☐ No ☐ Yes

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Do you drink alcohol? ☐ Never ☐ Monthly or less ☐ Two to four times a month ☐ Two to Three times per week ☐ Four or more times per week

Do you exercise regularly? ☐ No ☐ Yes Times per week: ______________

Have you traveled outside the U.S. in the past 10 years? ☐ No ☐ Yes

Have you ever used recreational drugs? ☐ No ☐ Yes

PAST MEDICAL HISTORY (check all medical conditions that apply):

☐ No history of medical conditions

☐ No new medical conditions since last visit

Acid reflux	☐	Gout	☐
Allergies Seasonal	☐	Heart Disease	☐
Anemia	☐	Hepatitis	☐
Anxiety	☐	High Blood Pressure	☐
Asthma	☐	HIV	☐
Bleeding Disorder	☐	Osteoarthritis	☐
Blood Clot	☐	Osteoporosis	☐
Diabetes	☐	Rheumatoid Arthritis	☐
Emphysema	☐	Seizures	☐
Gastroesophageal Reflux Disease (GERD)	☐	Thyroid Disease	☐
Glaucoma	☐		

Other:____

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