OSC
A tradition of excellence.
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** ______________________________________

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List all past surgeries: ☐ **None**

Surgery	*Year*

List all hospitalizations: ☐ **None**

Reason for hospitalization	*Year*

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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 ☐
Allergies Seasonal ☐
Anemia ☐
Anxiety ☐
Asthma ☐
Bleeding Disorder ☐
Blood Clot ☐
Diabetes Type I ☐
Diabetes Type II ☐
Emphysema ☐
Gastroesophageal Reflux Disease (GERD) ☐
Glaucoma ☐

Gout ☐
Heart Disease ☐
Hepatitis ☐
High Blood Pressure ☐
HIV ☐
Osteoarthritis ☐
Osteoporosis ☐
Rheumatoid Arthritis ☐
Seizures ☐
Thyroid Disease ☐

Other:____

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