

ORTHOPAEDIC SURGERY



And Sports Medicine

40949 Winchester Road, Temecula, CA 92591

The following information is pertinent to your health.
Please check any problems in the areas listed below:

Phone: (951) 296-6676 • FAX: (951) 296-6675

CONSTITUTIONAL SYMPTOMS

- Good General Health lately
- Recent Weight Change
- Fever
- Fatigue
- Headaches
- Chills

EYES

- Eye Disease or Injury
- Wear Glasses/contact Lenses
- Blurred or double vision
- Glaucoma
- Temporary Blindness

RESPIRATORY

- Chronic or frequent coughs
- Spitting up blood
- Shortness of breath
- Asthma or wheezing

PSYCHIATRIC

- Memory Loss or confusion
- Nervousness
- Depression
- Insomnia

ENDOCRINE

- Glandular or hormone problem
- Thyroid disease
- Diabetes
- Excessive thirst or urination
- Heat or cold intolerance
- Skin becoming dryer
- Change in hat or glove size

CARDIOVASCULAR

- Heart trouble
- Chest pain or angina pectoris
- Palpitation
- Shortness of breath with walking,
- Or lying flat
- Swelling of feet, ankles or hands

GASTROINTESTINAL

- Loss of appetite
- Change in bowel movements
- Nausea or vomiting
- Frequent Diarrhea
- Painful bowel or movements or constipation
- Rectal bleeding or blood in stool
- Abdominal pain or heartburn
- Peptic ulcer (stomach or duodenal)

INTEGUMENTARY

(SKIN/BREAST)

- Rash or itching
- Change in skin color
- Change in hair or nails
- Varicose veins
- Breast pain
- Breast lump
- Breast discharge

NEUROLOGICAL

- Frequent or recurring headaches
- Light headed or dizzy
- Convulsions or seizures
- Tremors
- Paralysis
- Stroke
- Head Injury

HEMATOLOGIC/LYMPHATIC

- Slow to heal after cuts
- Bleeding or bruising tendency
- Anemia
- Phlebitis
- Past transfusion
- Enlarged glands
- Sickle Cell Anemia
- Free Bleeding

MUSCULOSKELETAL

- Joint pain
- Joint stiffness or swelling
- Weakness of muscles or joints
- Muscle pain or cramps
- Back pain
- Cold extremities
- Difficulty in walking

EAR/NOSE/MOUTH/THROAT

- Hearing loss or ringing in ears
- Earaches or drainage
- Chronic sinus problem or rhinitis
- Nose bleeds
- Mouth sores
- Bleeding gums
- Bad breath or bad taste
- Sore throat or voice change
- Swollen glands in neck

GENITOURINARY

- Frequent urination
- Burning or painful urination
- Blood in urine
- Change in force of stream when urinating
- Incontinence or dribbling
- Sexual difficulty
- Urinary Tract Infection
- Male-testicle pain
- Female-pain with periods
- Female-irregular periods
- Female- # of pregnancies _____
- Female- # of miscarriages _____
- Female- Date of last pap smear _____

Patient Signature _____

Date _____

OFFICE USE ONLY: This documents review of the medical history and review of systems:

Date _____ M.D. initials _____
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