

PATIENT HISTORY

Patient Name _____

Date of Birth _____



BAY STREET
ORTHOPAEDICS & SPINE

MEDICAL ALLERGIES with REACTIONS

SURGICAL HISTORY

PAST MEDICAL HISTORY

- | | | | | | |
|--|--------------------------------------|---|--|---------------------------------|--------------------------------|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer | <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Stroke | <input type="checkbox"/> Gout |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Ulcers | <input type="checkbox"/> Other |

HOBBIES

SMOKING STATUS

- Never Former/Date Quit Current/Packs per day

FAMILY MEDICAL HISTORY

- | | | | | |
|---------------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|
| HEART DISEASE | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Brother | <input type="checkbox"/> Sister |
| DIABETES | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Brother | <input type="checkbox"/> Sister |
| CANCER | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Brother | <input type="checkbox"/> Sister |
| ARTHRITIS | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Brother | <input type="checkbox"/> Sister |
| OTHER | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Brother | <input type="checkbox"/> Sister |

PAIN SPECIALIST

Do you receive pain medication from another provider? Yes No

Are you on a pain contract? Yes No If YES, by what doctor

SOCIAL HISTORY

Alcohol Yes No Frequency

Marital Status

Occupation

BAYSTREETORTHO.com

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MEDICATIONS		
Name	Dosage	Reason for Taking

Signature

Date

Print Name