



SOUTH ALABAMA ORTHOPEDICS & SPORTS MEDICINE, P.C.

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MEDICAL HISTORY AND INJURY FORM

Date _____ **Pharmacy** _____

Patient's Name _____

Height _____ **Weight** _____ **Date of Birth** _____

Drug Allergies _____

Reason for today's visit _____

INJURY: Yes ___ **No** ___ **BODY PART AFFECTED** _____

Date of Injury _____ **Place of Injury** _____

Describe how accident happened: _____

Were x-rays taken? _____ **If yes, where:** _____

REFERRED BY _____ **MEDICAL DOCTOR** _____

MEDICAL HISTORY **Have you ever had any of the following medical conditions?**

ANEMIA _____ **ARTHRITIS** _____ **CANCER** _____

DIABETES _____ **HEART DISEASE** _____ **HIGH BLOOD PRESSURE** _____

DO YOU SMOKE? _____ **IF YES, HOW MUCH PER DAY** _____

LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING, STRENGTHS & QUANTITY

LIST ANY OTHER MEDICAL CONDITIONS/ SURGERIES AND THE YEAR THEY WERE PERFORMED:

