

Gulfcoast Orthopaedic Specialists
Herbert S. Gates III, M.D.
681 Goodlette Rd. N. Suite 220 Naples, FL 34102

Date: _____ Referred by: _____

Name: _____ Age: _____ Height: _____ Weight: _____

Chief Complaint _____

Injury Date: _____ If not an injury, date of first symptoms: _____

Were you injured at WORK? _____ AUTO ACCIDENT? _____ OTHER? _____

Who is your Medical Doctor? _____ Internist? _____ Cardiologist? _____

Which hand do you use MOST OFTEN? (circle one) RIGHT LEFT

Please list all medical conditions and surgeries (include dates) _____

Do you drink alcohol? _____ How many drinks per day? _____

Do you smoke cigarettes? _____ How many packs per day? _____

Please list any hobbies _____

Please list any significant family history (i.e. cancer, heart disease) _____

Do you have a history:	Heart Disease	Y	N	High Blood Pressure	Y	N
	Kidney Disease	Y	N	Urinary Tract Infections	Y	N
	Diabetes	Y	N	Lung Disease	Y	N
	Bleeding Disorder	Y	N	Blood Clots	Y	N
	Stomach Ulcers	Y	N	Unexplained Weight Loss	Y	N
	Hepatitis	Y	N	Cancer	Y	N

Other: _____

MEDICATIONS

DOSAGE AND FREQUENCY

ALLERGIES _____