



M. Christopher MacLaren, D.O., FAOAO
Board Certified, Diplomat and Fellow AOA
Orthopaedic Surgery and Sports Medicine

Kevin L. Scott, M.D., FAAOS
Board Certified Orthopaedics Surgeons
Fellow American Academy Orthopaedic Surgeons
813-855-8450 - Fax 813-855-6320

Patient: _____ Age: _____ DOB: _____

Date: _____ Height: _____ Weight: _____ WC MVA DOI/DOA: _____ DOS: _____

What is the main reason you are here for: _____

Medications

- 1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____
7. _____ 8. _____ 9. _____
10. _____ 11. _____ 12. _____

ARE YOU ALLERGIC TO ANY MEDICATIONS: YES NO If so what _____

Past Medical History

Check all that apply

- _Diabetes _High Blood Pressure _Heart Disease _Heart Attack
_Asthma _Bronchitis or Emphysema _Pneumonia _Ulcers
_Hypo/Hyper Thyroid _Rheumatoid Arthritis _History of Cancer _Blood Clots
_High Cholesterol _Other: _____ type: _____

Past Surgical History

- _Appendix (Appendectomy) _Breast Surgery _Tonsillectomy
_Gall Bladder (Cholecystectomy) _Back Surgery _Hysterectomy
_Heart Bypass _Total Joint Replacement _Arthroscopy
_Prostate _Other: _____ _Other: _____

Family Medical History

Has anyone in your immediate family died of heart disease: Yes No
Has anyone in your family had an adverse reaction to anesthesia: Yes No
List any medical illnesses that run in your family: _____

Social History

Who do you live with now: SPOUSE BY YOURSELF OTHER FAMILY FRIENDS OTHER _____
Do you smoke tobacco? YES NO How much? _____ packs per day How long? _____ years
Do you drink alcohol? YES NO How much? _____ drinks per day How long? _____ years

DO YOU NOW OR HAVE YOU HAD ANY PROBLEMS RELATED TO THE FOLLOWING?

Table with 5 columns: Constitutional Symptoms, Eyes, Allergic, Ear/Nose/Throat, Genitourinary; Neurological, Endocrine, Gastrointestinal, Respiratory, Hemotologic/Lymphatic; Cardiovascular, Integumentary, Musculoskeletal, Psychologic. Rows include symptoms like Fever, Blurred Vision, Hay Fever, Ear infection, Urine Retention, etc.

Other Medical Conditions: _____