NAME: ______________________________
DOB: ______________________________

Patient History

History of Present Illness:

Chief Concern? ____

Previous treatment for concern ? □ Yes □ No If Yes: ____________________________
□ ER □ Medical Office

Any lost work time? □ Yes □ No Days: ________ Last day at work : ________
Other source of employment? □ Yes □ No If Yes: ____________________________
Sports or Hobbies? □ Yes □ No If Yes: ____________________________

Allergies:

□ No Known Allergies □ Known Allergies: □ Penicillin □ Sulfa □ Codeine
□ Hydrocodone □ ASA □ Other: ________
____

Medications:

□ No Current Medications
□ Blood Pressure Medictations: ____________________ □ unknown
□ Diabetes Medictations: ____________________ □ unknown
□ Thyroid Medictations: ____________________ □ unknown
□ Other Current Medication: ____________________________
____
____

Occupational History

Job Title: ____
Length of employment? □ < 3mo □ 3 -6 mo □ 6-12 mo □ 1-5 yr(s) □ 5-10 yrs □ >10 yrs
Average hours worked per week: □ 11-20 □ 21-30 □ 31-40 □ >40

Job Characteristics:

□ Sit down job
□ Bending
□ Stooping
□ Climbing
□ Overhead work
□ Prolonged standing or walking
□ Operating hand tools/ machinery
□ Repetitive use of hands/ keyboard/ mouse
□ Kneeling or squatting

□ Lifting/ pushing / pulling:
□ Up to 10 lbs
□ Up to 25 lbs
□ Up to _____ lbs

Past Medical History

Tetanus Status:	□ Unknown	□ < 5 years	□ 5 - 10 years	□ > 10 years	
History of Ulcers?	□ Yes	□ No	Heart Disease?	□ Yes	□ No
History of Gastritis?	□ Yes	□ No	High Blood Pressure?	□ Yes	□ No
Diabetes?	□ Yes	□ No	Kidney Disease?	□ Yes	□ No
Liver Disease?	□ Yes	□ No	Psychiatric Disorders?	□ Yes	□ No
Lung Disease?	□ Yes	□ No	Obesity?	□ Yes	□ No
Possibly Pregnant	□ Yes	□ No	Ever been hospitalized?	□ Yes	□ No

If Yes to any of the above please explain: ______________________________

____

Past Surgical History

Ever had Surgery? □ Yes □ No

□ Appendectomy	□ Cholecystectomy	□ Vasectomy	□ Tubal Ligation
□ Tonsillectomy	□ Carpal Tunnel	□ Spine	□ Broken bone repair
□ C Section	□ Other:: ______________________		

____

Social History

Smoker?	□ Current	□ Previous	□ Never	
Packs per day?	□ < 1/2 pack	□1/2 pack	□ One	□ > One pack
Years?	□ 0 - 5	□ 5 - 10	□ 11 - 15	□ > 20
Years since quit?	□ < 1	□ 1 -2	□ 2 - 5	□ > 5
Alcohol use?	□ Yes	□ No		
Social Drinker?	□ Yes	□ No		
Daily?	□ Yes	□ No		
Drinks per day?	□ 0 - 2	□ 3 - 4	□ 5 - 10	□ > 10
Drug use?	□ Current	□ Previous	□ Never	
Years?	□ 0 - 5	□ 5 - 10	□ 11 - 15	□ > 20
Years since quit?	□ < 1	□ 1 -2	□ 2 - 5	□ > 5
Primary Language:	□ English	□ Spanish	□ Punjabi	□ Other
Education:	□ Less than 9th	□ High School	□ Some College	
	□ College Degree	□ Beyond College		

Exercise: Activity: ______________________________

Frequency:	□ Never	□ 1-2 days/week	□ 3-4 days/week	□5-7 days/week
Intensity:	□ Low	□ Moderate	□ High	
Time:	□ Less than 30 minutes		□ More than 30 minutes	