

Patient Name: Robert Plock **Date:** 5/8/2013



Medical disorders: If you have had any of the following, Place Mark inside Circles

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|-----------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------|
| <input checked="" type="radio"/> No Medical History | <input type="radio"/> Stroke | <input type="radio"/> Sleep Apnea |
| <input type="radio"/> AIDS/HIV | <input type="radio"/> Cancer Breast | <input type="radio"/> Gout |
| <input type="radio"/> Alcoholism | <input type="radio"/> Cancer Colon | <input type="radio"/> Heart Attack |
| <input type="radio"/> Alzheimer's | <input type="radio"/> Cancer Lung | <input type="radio"/> High Blood Pressure |
| <input type="radio"/> Anemia | <input type="radio"/> Cancer Prostate | <input type="radio"/> Hepatitis |
| <input type="radio"/> Rheumatoid Arthritis | <input type="radio"/> COPD | <input type="radio"/> Kidney Disease |
| <input type="radio"/> Asthma | <input type="radio"/> Depression | <input type="radio"/> Osteoarthritis |
| <input type="radio"/> Blood Clot Leg | <input type="radio"/> Diabetes | <input type="radio"/> Seizures |
| <input type="radio"/> Blood Clot Lung | <input type="radio"/> Drug Abuse | <input type="radio"/> Ulcers, Bleeding |
| <input type="radio"/> Other Disease (list below) | <input type="radio"/> Blood thinners (Coumadin, Plavix, aspirin, etc) | |

Surgical History: If you have had any of the following, Place Mark inside Circles

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|---------------------------------------------------------------|--------------------------------------------------|
| <input checked="" type="radio"/> No Surgical History Reported | <input type="radio"/> Cardiac (Heart) |
| <input type="radio"/> Carpal Tunnel Left Wrist | <input type="radio"/> Carpal Tunnel Right Wrist |
| <input type="radio"/> Arthroscopy Left Elbow | <input type="radio"/> Arthroscopy Right Elbow |
| <input type="radio"/> Arthroscopy Left Shoulder | <input type="radio"/> Arthroscopy Right Shoulder |
| <input type="radio"/> Arthroscopy Left Ankle | <input type="radio"/> Arthroscopy Right Ankle |
| <input type="radio"/> Arthroscopy Left Knee | <input type="radio"/> Arthroscopy Right Knee |
| <input type="radio"/> Arthroscopy Left Hip | <input type="radio"/> Arthroscopy Right Hip |
| <input type="radio"/> Left Hip Replacement | <input type="radio"/> Right Hip Replacement |
| <input type="radio"/> Left Knee Replacement | <input type="radio"/> Right Knee Replacement |
| <input type="radio"/> Spinal Fusion | <input type="radio"/> Laminectomy |
| <input type="radio"/> Other Surgery (list in the box below) | <input type="radio"/> Fracture Surgery |