## TIER ORTHOPEDIC ASSOCIATES, P.C. 240 Riverside Drive, Johnson City, NY 13790 Phone 607-798-9356 PATIENT/FAMILY MEDICAL HISTORY

			Birthdate	Age
Ma	ıle	F	'emale	Telephone
Physician				
Where taken?				
Relationship		I	Phone	
CHIEF COMP	LAINT	•		
ıy?				
		∃ Other	•	
Reason for Medication Me	dicatio	n	Dose	Reason for Medication
nedication and reaction)				
incurrent una reaction)				,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,
		· 		
□ Yes □ No				
☐ Yes ☐ No ations are due?				
ntions are due?				
tions are due?		MS	Describe all "Yes"	responses
ntions are due?	<i>YMPTO</i>	<i>MS</i> le I	Describe all "Yes"	responses
REVIEW OF Stations and explain):	<i>YMPTO</i> Circ	<i>DMS</i> le I Yes	Describe all "Yes"	
REVIEW OF Stations and explain):	<i>YMPTO</i> Circ No	OMS le I Yes	Describe all "Yes"	-
REVIEW OF Stations and explain):  ntentional weight loss	YMPTO Circ No No	oms  le I Yes Yes Yes	Describe all "Yes"	
REVIEW OF SECTION AT THE REVIEW OF SECTION AT	YMPTO Circ No No No	oms  le I Yes Yes Yes Yes	Describe all "Yes"	
REVIEW OF SECTION AT THE REVIEW OF SECTION AT	YMPTO Circ No No No No	ems  le I Yes Yes Yes Yes Yes Yes	Describe all "Yes"	
REVIEW OF STatives and explain): Intentional weight loss symptoms roblems, high blood pressure	Circ No No No No No	le I Yes Yes Yes Yes Yes Yes Yes	Describe all "Yes"	
REVIEW OF STatives and explain): Intentional weight loss symptoms roblems, high blood pressure titis, liver problems, acid reflux	Circ No No No No No No	PMS le I Yes Yes Yes Yes Yes Yes Yes	Describe all "Yes"	
REVIEW OF STatives and explain): Intentional weight loss symptoms roblems, high blood pressure titis, liver problems, acid reflux	Circ No No No No No No	le I Yes	Describe all "Yes"	
REVIEW OF STatives and explain): Intentional weight loss symptoms roblems, high blood pressure titis, liver problems, acid reflux	Circ No No No No No No No	Yes	Describe all "Yes"	
REVIEW OF SETTINGS and explain): Intentional weight loss  symptoms roblems, high blood pressure  titis, liver problems, acid reflux renal failure, urinary stream abnormality	Circ No No No No No No No No	le I Yes	Describe all "Yes"	
REVIEW OF SETTINGS and explain):  Intentional weight loss  symptoms  roblems, high blood pressure  titis, liver problems, acid reflux  renal failure, urinary stream abnormality  ss, numbness/tingling, stroke	Circ No No No No No No No No	le I Yes	Describe all "Yes"	
REVIEW OF SETTINGS and explain):  Intentional weight loss  symptoms  roblems, high blood pressure  titis, liver problems, acid reflux  renal failure, urinary stream abnormality  ss, numbness/tingling, stroke	Circ No No No No No No No No No	Yes .	Describe all "Yes"	
REVIEW OF SETTINGS and explain): Intentional weight loss Intentional weight loss Symptoms Intentional weight loss Symptoms Intentional weight loss Int	Circ No No No No No No No No No No	le I Yes	Describe all "Yes"	
	Physician  Where taken?  Relationship  CHIEF COMP  ay?  □ York Accident  Accident	Where taken?  Relationship  CHIEF COMPLAINT  ay?  □ Please check all that apply: □ Work Accident  Reason for Medication  Medication	Physician  Where taken?  Relationship  CHIEF COMPLAINT  ay?  □: Please check all that apply: □ Work Accident □ Accident □ Reason for Medication  Medication	Physician  Where taken?  Relationship Phone  CHIEF COMPLAINT  ay?  n): Please check all that apply:  □ Work Accident □ Other  Reason for Medication Medication Dose

\*\* PLEASE SEE OTHER SIDE\*\*

Reviewed and updated \_\_\_\_\_

## PAST MEDICAL HISTORY

Surgeries/Hospitalizations		Year			Complications	
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· · · · · · · · · · · · · · · · · · ·		· ·				
		<del></del>				
lave you ever had general anesthesia?	□ NO	□YES				
Iave any problems with anesthesia?	□ NO	□ YES				
escribe:		-				
	FAMII	LY HISTOR	Y (IMME	DIATE FA	MILY ONLY):	
Member	Alive	Deceased	Age	Health s	tatus or cause of dea	th
				<u> </u>		
			, .		, , ,	
Marie de la companya					the second secon	
o any diseases run in your family-Des	cribe:		•			
Work in the home ☐ Employed (occ Currently Working ☐ Yes ☐ No Regular Duty ☐ Yes ☐ No Who took you out of work or put you	Restricte	ed Duty 🗆	Yes □ l	No If Yes,	please state restricti	nt 🗆 Daycare 🗀 Retired
Single   Married   Divo	rced	□ Separat	edi 🗆	Widowed		
hildren? 🗆 No 🗀 Yes#					_	
o you live alone? 🗆 No 🗀 Yes						
xercise? 🗆 Daily 🗆 Weekly 🗀 l	Monthly	☐ Rarely	□ Nev	er		
hat type of exercise?			•			
istory of substance abuse?   No [	□Yes	What?				
moke currently?		Packs per d	ay for	yea	rs.	
uit smoking? □ This year □ >	1 year	□ > 5 year	s □>	10 years	Height:	Weight:
reviously smoked packs per o	day for _	year	s.			
rink alcohol? 🗀 Daily 🗆 1-2 x/w	eek 🗆	1-2 x/monti	h 🗆 1-2	x/year		
VOLUM A REPORT OF A REAL PROPERTY OF A REAL PROPERT	CCTCAT	et eras irred				
NSURANCE MEDICAL RELEASE/A hereby authorize release of medical in irectly to the physician for benefits duovered by this authorization.	ıformatic	n necessary				
atient Signature:	<u> </u>	·	<b></b>	D	ate;	· · · · · · · · · · · · · · · · · · ·