TriHealth
Hand Surgery Specialists

**Today's Date**: _____

**Name**: _____ **Occupation/Employer: _____**

**Did your injury occur at work? Yes No (circle one)** **Have you filed a Worker's Compensation claim? Yes No (circle one)**

**Reason for visit**: _____

**Allergies**: _____ Type of reaction: _____ **No known allergies ❑**

_____ Type of reaction: _____

_____ Type of reaction: _____

**Medication List**: **Local Pharmacy Name & Number: _____**

| Name | Dose | Frequency |
|---|---|---|
| | | |
| | | |
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| | | |

**TOBACCO HISTORY**

**Do you smoke?** *Yes No* **(Circle one)** **Ever Smoked?** *Yes No* **(Circle one)** **Types?** *Cigarettes Cigars Pipes* **(Circle all that apply)**

**Packs/Day: _____** **Years: _____** **Quit Date: _____**

**Smokeless Tobacco ?** *Yes No* **(Circle one)** **Ever Used?** *Yes No* **(Circle One)**

**Types?** *Snuff Chew* **(Circle all that apply)** **Quit Date: _____**

**SOCIAL HISTORY**

**Do you drink alcohol?** *Yes Not Currently Never* **(Circle one)**

**Do you use recreational drugs?** *Yes Not Currently Never* **(Circle one)** **Use/week? _____**

**Types ?** *IV Marijuana Cocaine Heroin Methadone* **(Circle all that apply)**

**Name:** _____ **MRN#:**_____

**MEDICAL HISTORY**

| | Yes | No | | Yes | No | | Yes | No |
|---|---|---|---|---|---|---|---|---|
| Anesthetic Complications | | | COPD | | | MRSA | | |
| Arrhythmia | | | Diabetes | | | Myocardial Infarction | | |
| Asthma | | | Fibromyalgia | | | Osteoarthritis | | |
| Bleeding Disorder | | | GERD | | | Pancreatitis | | |
| Bleeding Disorder including HIV/Hepatitis | | | Heart Disease | | | Rheumatology | | |
| CAD | | | Hepatitis | | | Sleep Apnea | | |
| Cancer | | | HIV/AIDS | | | Stroke | | |
| Cataracts | | | Hypertension | | | Thyroid | | |
| CHF | | | Kidney Disease | | | Ulcers | | |
| Cholesterol | | | Liver Disease | | | Weight Change | | |

Other Medical History: _____

**SURGICAL HISTORY**

| | Yes | No | | Yes | No | | Yes | No |
|---|---|---|---|---|---|---|---|---|
| Cervical Spine Surgery | | | Finger Surgery | | | Foot Surgery | | |
| Lumbar Spine Surgery | | | Hip Surgery | | | Cardiac Surgery | | |
| Shoulder Surgery | | | Hip Arthroscopy | | | Vascular Surgery | | |
| Shoulder Arthroscopy | | | Total Hip Replacement | | | Bowel Surgery | | |
| Total Shoulder Replacement | | | Revision Total Hip Replacement | | | Hernia | | |
| Revision Total Shoulder Replacement | | | Thigh Surgery | | | Cesarean Section | | |
| Upper Arm Surgery | | | Knee Surgery | | | Hysterectomy | | |
| Elbow Surgery | | | Knee Arthroscopy | | | Lumpectomy | | |
| Elbow Arthroscopy | | | Total Knee Replacement | | | Mastectomy | | |
| Forearm Surgery | | | Revision Total Knee Replacement | | | Cholecystectomy | | |
| Wrist Surgery | | | Lower Leg Surgery | | | Appendectomy | | |
| Wrist Arthroscopy | | | Ankle Surgery | | | Tonsillectomy | | |
| Hand Surgery | | | Ankle Arthroscopy | | | Cataract | | |

Other Surgical History: _____

**FAMILY HISTORY**

| Relationship | Status | Anemia | Anesthesia problems | Anxiety | Depression | Arthritis | Asthma | Bleeding/Clotting | Cancer | Diabetes | Heart Disease | Hypertension | Thyroid Disease | Kidney Disease | Seizures | Stroke | Tuberculosis | Osteoarthritis |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mother | | | | | | | | | | | | | | | | | | |
| Father | | | | | | | | | | | | | | | | | | |
| Brother | | | | | | | | | | | | | | | | | | |
| Sister | | | | | | | | | | | | | | | | | | |
| Adopted ❑ | Family History Unknown ❑ | | | | | | | | | | | | | | | | | |