

MADISON AVENUE ORTHOPAEDIC ASSOCIATES. P.C

Nate V. Bondi, MD, Robert S. Goldstein, MD, Edward M. Adler, MD, David S. Pereira, MD, Yong H. Kim, MD, Afshin E. Razi, MD

DATE: _____

NAME _____

DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____

PAST HISTORY:

Hospitalization/Surgery: _____

Medical Problems: _____

Medications: _____

Allergies: _____

DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING:

Heart Ailment____
AIDS)____

Epilepsy____

Immune System Disorders (HIV/

Heart Murmur ____

Diabetes ____

High Blood Pressure ____

Rheumatic Fever ____

Hepatitis ____

Respiratory Disease ____

Prolonged Bleeding ____

Pregnancy ____

History of Brain Surgery ____

Pacemaker ____

Healing Complication ____

Other ____

SOCIAL HISTORY:

Do you smoke? _____

How much? _____

Do you drink? _____

How much? _____

OCCUPATION: _____

FAMILY HISTORY:

Does anyone in your family have:

Diabetes ____

Heart Disease ____

Thyroid Disease ____

Tuberculosis ____

Cancer ____

Other ____

PATIENT'S SIGNATURE (Parent or Guardian, if minor)

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