

Name \_\_\_\_\_ Date \_\_\_\_\_

**Steven B. Haas, MD**

Patient History & Physical Form

Please complete this history form and return it to the nurse when you are put in an examination room. Do not leave any questions blank, as your answers are needed in order to evaluate and treat you. If you have any questions, please do not hesitate to ask.

Complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this a work related or auto injury( check one) Yes No  
If yes, date of accident \_\_\_\_\_

**MEDICAL HISTORY:**

Name of primary medical doctor: \_\_\_\_\_  
Telephone# of primary medical doctor: \_\_\_\_\_  
Your height \_\_\_\_\_ Your weight \_\_\_\_\_

Have you ever had any of the following medical conditions? Please answer yes or no and do not leave any lines blank.

- Yes No Chest Pain
- Yes No Shortness of Breath
- Yes No Heart Attack
- Yes No High Cholesterol
- Yes No High Blood Pressure
- Yes No Diabetes
- Yes No Peripheral Vascular Disease
- Yes No Stomach Ulcer
- Yes No Blood Clots If yes, Treated With Blood Thinner Yes No
- Yes No Asthma
- Yes No Cancer
- Yes No Frequent Urinary Tract, Kidney or Bladder Infections
- Yes No Frequent or Painful Urination
- Yes No Depression
- Yes No Rheumatoid/Systemic Inflammatory Disease

List any other medical conditions:

Do you have a family history of heart disease, if yes please explain?

Do you have a family history of orthopedic or arthritic conditions?  
Please list all surgeries you have had. Make sure to include dates whenever possible:

Do you have any allergies to medications? If so, please list the names of the medications.

Please list all medications you take on a regular basis. Make sure to include dosages whenever possible.

Do you smoke? If so, please state how much.

Do you drink alcohol? How often and how much?

Do you require any dental work? If so, please explain:

What current leisure activities do you participate in? Please check all that apply.

- Golf
- Tennis
- Swimming
- Biking
- Hiking
- Exercise Walking
- Boating
- Snow Skiing
- Gardening
- Bowling
- Other\_\_\_\_\_

What leisure activities are you expecting to return to? Please check all that apply.

- Golf
- Tennis
- Swimming
- Biking
- Hiking
- Exercise Walking
- Boating
- Snow Skiing
- Gardening
- Bowling
- Other\_\_\_\_\_