# ADULT HISTORY FORM

*Advanced Sportsmedicine Center*

**1.PATIENT NAME:**

_____

**CHIEF HEALTH CONCERN TODAY:**

_____

**REVIEW OF SYSTEMS:**

| **2. CONSTITUTIONAL:** | Yes | No |
|---|---|---|
| Fever | ☐ | ☐ |
| Unexplained weight loss | ☐ | ☐ |
| Ill feeling | ☐ | ☐ |
| **3. EYES:** | | |
| Excessive Tearing | ☐ | ☐ |
| Blurred Vision | ☐ | ☐ |
| Dryness | ☐ | ☐ |
| **4. CARDIOVASCULAR:** | | |
| Ankle Swelling/Pedal Edema | ☐ | ☐ |
| Chest Pain/Angina | ☐ | ☐ |
| Irregular Heart Beats | ☐ | ☐ |
| Cardiac Stent Placement | ☐ | ☐ |
| **5. ENT:** | | |
| Dizziness | ☐ | ☐ |
| Ringing in Ears | ☐ | ☐ |
| Recent Hearing Loss | ☐ | ☐ |
| **6. RESPIRATORY:** | | |
| Wheezing | ☐ | ☐ |
| Shortness of Breath | ☐ | ☐ |
| Coughing | ☐ | ☐ |
| **7. GI:** | | |
| Rectal Bleeding | ☐ | ☐ |
| Abdominal Pain | ☐ | ☐ |
| Black Tar-Like Stools | ☐ | ☐ |
| **8. URINARY:** | | |
| Pain with Urination | ☐ | ☐ |
| Involuntary Urination | ☐ | ☐ |
| Decreased Urinary Flow | ☐ | ☐ |
| **9.MUSCULOSKELETAL** | | |
| Joint Motion Loss | ☐ | ☐ |
| Joints Swelling | ☐ | ☐ |
| Morning Stiffness | ☐ | ☐ |
| **10. INTEGUMENTARY:** | | |
| Skin Rash | ☐ | ☐ |
| Skin Lumps | ☐ | ☐ |
| Abrasions | ☐ | ☐ |
| **11. NEUROLOGICAL:** | | |
| Burning Sensation | ☐ | ☐ |
| Tingling Sensation | ☐ | ☐ |
| Sensation Loss | ☐ | ☐ |
| **12. PSYCHIATRIC:** | | |
| Depressed Feeling | ☐ | ☐ |
| Suicide Attempts | ☐ | ☐ |
| Hallucinations | ☐ | ☐ |
| **13. ENDOCRINE:** | | |
| Excessive Thirst | ☐ | ☐ |
| Hair Thinning | ☐ | ☐ |
| Excessive Urination | ☐ | ☐ |
| **14. HEMATOLOGIC:** | | |
| Bleed Easily | ☐ | ☐ |
| Fatigue Easily | ☐ | ☐ |
| Bruise Easily | ☐ | ☐ |
| **15. IMMUNOLOGIC:** | | |
| Skin Reactions | ☐ | ☐ |
| Eczema | ☐ | ☐ |
| Severe Allergic Reactions | ☐ | ☐ |

**PAST HISTORY:**

| **16. ILLNESSES:** | Yes | No |
|---|---|---|
| Arthritis (type)_____ | ☐ | ☐ |
| Asthma | ☐ | ☐ |
| Bladder Infection | ☐ | ☐ |
| Blood Clots | ☐ | ☐ |
| Blood Disorders | ☐ | ☐ |
| Blood Pressure/Hypertension | ☐ | ☐ |
| Cancer (type)_____ | ☐ | ☐ |
| Diabetes | ☐ | ☐ |
| Emphysema or COPD | ☐ | ☐ |
| GI Bleed/ Gastritis/Gerd/Ulcer | ☐ | ☐ |
| Gout | ☐ | ☐ |
| Heart Attack/Heart Disease | ☐ | ☐ |
| HIV/AIDS | ☐ | ☐ |
| Hypercholesterolemia/Lipids | ☐ | ☐ |
| Kidney Failure | ☐ | ☐ |
| Liver Problems/Hepatitis | ☐ | ☐ |
| Lyme Disease | ☐ | ☐ |
| Neurological Disease | ☐ | ☐ |
| Osteoporosis | ☐ | ☐ |
| Pacemaker or Defibrillator | ☐ | ☐ |
| Parkinsonism | ☐ | ☐ |
| Prostate Enlargement | ☐ | ☐ |
| Pulmonary Embolus | ☐ | ☐ |
| Stroke | ☐ | ☐ |
| Seizures | ☐ | ☐ |
| Thyroid Disease | ☐ | ☐ |

**Other:**_____

_____

**17. CURRENT MEDICATIONS:**

**NONE** ☐

| **Medication** | **Corresponding Illness** |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**18. ALLERGIES TO MEDICATION:**

**NONE** ☐

| **Medication** | **Reaction** |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Local Primary Care Physician:**

**Dr.**_____

**Referral source:**

_____

**Preferred Pharmacy:**

_____

| **19. SURGERIES:** | Yes | No |
|---|---|---|
| Appendix | ☐ | ☐ |
| Arthroscopy _____ | ☐ | ☐ |
| Spine _____ | ☐ | ☐ |
| Breast Biopsy | ☐ | ☐ |
| Cancer (type)_____ | ☐ | ☐ |
| Cardiac Bypass or Stenting | ☐ | ☐ |
| Gallbladder | ☐ | ☐ |
| Hysterectomy | ☐ | ☐ |
| Joint Replacement _____ | ☐ | ☐ |
| Prostate | ☐ | ☐ |
| Tonsils | ☐ | ☐ |
| Wisdom teeth | ☐ | ☐ |

**20. OTHER HOSPITALIZATIONS:**

_____

_____

_____

**21. FRACTURES:**

_____

_____

**22. SOCIAL HISTORY:**

| | | |
|---|---|---|
| Married | ☐ | ☐ |
| Single | ☐ | ☐ |
| Divorced | ☐ | ☐ |
| Widowed | ☐ | ☐ |
| Presently Living Alone | ☐ | ☐ |

Number of living Children____

**23. SMOKING:** Never Smoked ☐

Total yrs._____

Packs per Day_____

Date Stopped_____

**24. ALCOHOL USE:** Never Drank ☐

Total yrs._____

Drinks/Day_____

Date Stopped_____

**25. ILICIT DRUG USE:** Never Used ☐

Total yrs._____

Currently Using_____

Date Stopped_____

**26. FAMILY HISTORY:**

| | | |
|---|---|---|
| AIDS | ☐ | ☐ |
| Bleeding Disorders | ☐ | ☐ |
| Cancer | ☐ | ☐ |
| Heart Disease | ☐ | ☐ |
| Mental Illness | ☐ | ☐ |
| Alcoholism | ☐ | ☐ |
| **27.** Can you climb a flight of stairs? | ☐ | ☐ |
| **28.** Can you walk a mile? | ☐ | ☐ |
| **29.** Have you had a DEXA/Bone Density? | ☐ | ☐ |

If so, when? _____

**Weight:**_____

**Height:** _____

The above history was personally reviewed with the patient, and I agree with above.

_____

John T. Moor, MD

Updated 4/4/19

# PEDIATRIC HISTORY FORM

*Advanced Sportsmedicine Center*

**PATIENT FULL NAME:**

_____

**CHIEF CONCERN:**

_____

CURRENT HISTORY:

| 3. CONSTITUTIONAL: | Yes | No |
|---|---|---|
| Fever | ☐ | ☐ |
| Weight loss | ☐ | ☐ |
| Ill feeling | ☐ | ☐ |
| 4. EYES: | | |
| Excessive Tearing | ☐ | ☐ |
| Blurred Vision | ☐ | ☐ |
| Dryness | ☐ | ☐ |
| 5. CARDIOVASCULAR: | | |
| Heart trouble | ☐ | ☐ |
| Murmurs | ☐ | ☐ |
| Irregular Heart Beats | ☐ | ☐ |
| 6. ENT: | | |
| Feeling of Dizziness | ☐ | ☐ |
| Ringing in Ears | ☐ | ☐ |
| Recent Hearing Loss | ☐ | ☐ |
| 7. RESPIRATORY: | | |
| Wheezing | ☐ | ☐ |
| Shortness of Breath | ☐ | ☐ |
| Cough | ☐ | ☐ |
| 8. GI: | | |
| Rectal Bleeding | ☐ | ☐ |
| Abdominal Pain | ☐ | ☐ |
| Black-Tar Like Stools | ☐ | ☐ |
| 9. URINARY: | | |
| Pain with Urination | ☐ | ☐ |
| Involuntary Urination | ☐ | ☐ |
| Urgency or frequency | ☐ | ☐ |
| 10.MUSCULOSKELETAL | | |
| Motion Loss | ☐ | ☐ |
| Swelling in Joints | ☐ | ☐ |
| Morning Stiffness | ☐ | ☐ |
| 11. INTEGUMENTARY: | | |
| Skin Rash | ☐ | ☐ |
| Skin Lumps | ☐ | ☐ |
| Abrasions | ☐ | ☐ |
| 12. NEUROLOGICAL: | | |
| Seizures | ☐ | ☐ |
| Tremors | ☐ | ☐ |
| Blackouts | ☐ | ☐ |
| 13. PSYCHIATRIC: | | |
| Inability to cooperate | ☐ | ☐ |
| Difficulty learning | ☐ | ☐ |
| Nervousness | ☐ | ☐ |
| 14. ENDOCRINE: | | |
| Excessive thirst | ☐ | ☐ |
| Excessive urination | ☐ | ☐ |
| Heat intolerance | ☐ | ☐ |
| 15. HEMATOLOGIC: | | |
| Bleed Easily | ☐ | ☐ |
| Past transfusions | ☐ | ☐ |
| Bruise Easily | ☐ | ☐ |
| 16. IMMUNOLOGIC: | | |
| Skin Reactions | ☐ | ☐ |
| Eczema | ☐ | ☐ |
| Severe Allergic Reactions | ☐ | ☐ |

PAST HISTORY:

| 17A. ILLNESSES: | Yes | No |
|---|---|---|
| Arthritis(type)_____ | ☐ | ☐ |
| Asthma or Bronchitis | ☐ | ☐ |
| Cancer (type)_____ | ☐ | ☐ |
| Chicken pox | ☐ | ☐ |
| Diabetes | ☐ | ☐ |
| German measles | ☐ | ☐ |
| Measles | ☐ | ☐ |
| Mumps | ☐ | ☐ |
| Neurological Disease | ☐ | ☐ |
| Polio | ☐ | ☐ |
| Rheumatic fever | ☐ | ☐ |
| Scarlet fever | ☐ | ☐ |
| Whooping cough | ☐ | ☐ |
| 17B: IMMUNIZATIONS | | |
| Diphtheria | ☐ | ☐ |
| German measles | ☐ | ☐ |
| Measles | ☐ | ☐ |
| Mumps | ☐ | ☐ |
| Whooping Cough | ☐ | ☐ |
| Polio | ☐ | ☐ |
| Tetanus | ☐ | ☐ |
| Tuberculosis | ☐ | ☐ |

Primary Care Physician:

Dr._____

Referral source:

_____

Preferred Pharmacy:

_____

_____

18. MEDICATIONS CURRENTLY TAKING:
NONE ☐

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

19. ALLERGIES TO MEDICATION:
NONE ☐

| MEDICATION | REACTION |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| 20. PAST SURGERIES: | Yes | No |
|---|---|---|
| Appendix | ☐ | ☐ |
| Arthroscopy _____ | ☐ | ☐ |
| Cancer (type)_____ | ☐ | ☐ |
| Ear PE tubes | ☐ | ☐ |
| Herniorrhaphy | ☐ | ☐ |
| Spine | ☐ | ☐ |
| Tonsils | ☐ | ☐ |
| Wisdom teeth | ☐ | ☐ |

21. OTHER HOSPITALIZATIONS:

_____
_____
_____
_____
_____
_____

22. FRACTURES:

_____
_____
_____
_____
_____

| 23. SOCIAL HISTORY: | | |
|---|---|---|
| Lives with mother | ☐ | ☐ |
| Lives with father | ☐ | ☐ |

Number of living siblings ___

| 24. FAMILY HISTORY: | | |
|---|---|---|
| AIDS | ☐ | ☐ |
| Bleeding Disorders | ☐ | ☐ |
| Cancer | ☐ | ☐ |
| Heart Disease | ☐ | ☐ |
| Mental Illness | ☐ | ☐ |
| Alcoholism | ☐ | ☐ |

Height:_____

Weight:_____

The above history was personally reviewed with the patient, and I agree with above.

_____
John T. Moor, MD

Updated 8/15/17