RICHMOND BONE & JOINT CLINIC, P.A.

Review of Systems: Circle symptoms below you are currently having.

fiebre	dolor en la espalda	ansiedad
escalofrio	dolor en los huesos	tension
sudar	hinchazon de huesos	depresion
cansancio	calambre en los juesos	perdida de memoria
perdida de peso	debilidad de los huesos	dificultad de dorme
dolor en su pecho	rigido	intolerancia de frio
desmayo	artritis	intolerancia de calor
hinchazon de tobillo	rasche	cambio de peso
hinchazon de pierna	sensacion de picazon	xcesivo orina
falto de respiracion	sequedad de piel	anormal morado
tos	cambio de manchas	sangramiento
sibilante	debilidad	ronchas
problemas de respirar	entumeciemento	cancer _____
nausea/vomito	temporal paralisis	stage _____
cambio en intestino		

List Your Medications and Conditions:

_____

_____

_____

_____

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_____

_____

_____

_____

Medical/Social History

Referring Physician: _____ Primary Care Physician: _____

Are you currently participating in an athletic sport? Si No If yes, who is your athletic trainer? _____

Has tenido cirugia? Si No What kind? _____

Have you had orthopedic surgery? Si No What kind?_____

Have you experienced surgery related problems? Si No? Describe _____

If you have a fracture today, have you broken this bone before? Si No

Has tenido historia de: Hepatitis HIV (sida) Sangre Transfusion

Historia de Familia

Circle All That Run In Your Family:

Heart Disease Rheumatoid Arthritis Bleeding Disorders
Desorden de connectico telido Cancer Diabetes Muscular Distrofia

Circle All That Apply:

Tobacco use? Cigarettes Cigars Smokeless/Chewing If so, how much? _____
Alcohol use? Current Previous Drinks/day?_____ What kind?_____ Last used?_____
Illegal Drug use? Injection Oral Smoking What kind?_____ Last used?_____

Patient Name: _____ **Patient Signature:** _____

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