Fulton Montgomery MEDICAL, P.C.

ORTHOPEDIC AND SPINE SERVICES

A collaboration between Nathan Littauer Hospital and St. Mary's Healthcare.

HEALTH HISTORY

Confidential

Name: ______________________________

Height: ____________ **Weight:** ____________ **Gender:** ____________

Primary Care Provider: ____________ **Phone:** ____________

Cardiologist: ____________ **Phone** ____________

Please list any medical conditions you have (ex: high blood pressure, heart problems, diabetes):

____

____

____

Current Medications

1.	4.
2.	5.
3.	6.

Medication allergies:

____

____

Latex Allergy: Yes No **Current Smoker?** Yes No **Have you ever smoked?** Yes No

Pharmacy: ____________ **Phone:** ____________

Operations

Date of last bone density scan:

Date of work injury? Currently working? Yes No

Date of automobile accident? Date of injury?