THE HAND & WRIST CENTER
Specialists in diagnoses, rehabilitation and surgery

MEDICAL HISTORY FORM

PLEASE COMPLETE ALL SECTIONS ON THIS FORM. WRITE "NONE" OR "N/A" IF SOMETHING IS NOT APPLICABLE.

PATIENT'S NAME: _____ **TODAY'S DATE:** _____

DOMINANT HAND: ☐ **RIGHT** ☐ **LEFT** **HEIGHT:** _____ (inches) **WEIGHT:** _____(lbs)

WHO IS YOUR PRIMARY CARE PHYSICIAN? TELEPHONE NUMBER: LOCATION/CITY:

_____ _____ _____

LIST ALL MEDICAL CONDITIONS DIAGNOSED BY A PHYSICIAN (INCLUDING THOSE YOU TAKE OR DO NOT TAKE MEDICATION FOR):
***YOU MAY ATTACH YOUR OWN LIST TO THIS FORM (AND WRITE "SEE ATTACHED"). FOR ADDITIONAL SPACE, USE ANOTHER SHEET.

MEDICAL CONDITION:	DATE DIAGNOSED:	NAME OF TREATING PHYSICIAN:	LOCATION/CITY:

LIST ALL MEDICATIONS YOU ARE TAKING (INCLUDING VITAMINS/SUPPLEMENT, ETC.)
***YOU MAY ATTACH YOUR OWN LIST TO THIS FORM (AND WRITE "SEE ATTACHED"). FOR ADDITIONAL SPACE, USE ANOTHER SHEET.

MEDICATION NAME:	FOR WHICH CONDITION?	DOSE:	PRESCRIBING PHYSICIAN:

ALLERGIES: PLEASE CHECK "YES" OR "NO" TO THE FOLLOWING AND LIST ALL YOU MAY HAVE (OR SUSPECT YOU MAY HAVE):

MEDICATIONS? ☐ NO ☐ YES _____
ANESTHETICS? ☐ NO ☐ YES _____
INJECTIONS? ☐ NO ☐ YES _____
LATEX RUBBER? ☐ NO ☐ YES _____
OTHER: _____

LIST ALL PAST SURGERIES: DATE PERFORMED: SURGEON: LOCATION/CITY:
***YOU MAY ATTACH YOUR OWN LIST TO THIS FORM (AND WRITE "SEE ATTACHED"). FOR ADDITIONAL SPACE, USE ANOTHER SHEET.

LIST ALL PAST "HAND AND WRIST" INJURIES: DATE OF INJURY: TREATING PHYSICIAN: LOCATION/CITY:
***YOU MAY ATTACH YOUR OWN LIST TO THIS FORM (AND WRITE "SEE ATTACHED"). FOR ADDITIONAL SPACE, USE ANOTHER SHEET.

HAVE YOU EVER HAD ANY BLOOD TRANSFUSIONS? ☐ NO ☐ YES (WHEN/FOR WHAT: _____)

DO YOU SMOKE? ☐ **NO** ☐ **YES** (HOW OFTEN: _____)

CHECK APPLICABLE: ☐ **TOBACCO** ☐ **CIGARETTES** ☐ **CANNABIS** ☐ **VAPE**

LIST ADDITIONAL MEDICAL INFORMATION WE SHOULD BE AWARE OF: _____
****YOU MAY ATTACH YOUR OWN LIST TO THIS FORM (AND WRITE "SEE ATTACHED"). FOR ADDITIONAL SPACE, USE ANOTHER SHEET.

LIST YOUR HOBBIES/SPORTS: _____

PATIENT (OR LEGAL GUARDIAN) SIGNATURE: _____ **DATE:** _____