



NEW ENGLAND
ORTHOPEDIC SURGEONS

HISTORY AND PHYSICAL EXAMINATION

300 Birnie Avenue, Suite 201 • Springfield, MA 01107-1107
(413) 785-4666 • www.neortho.com

Date _____ Acct # _____
Patient's Name _____ Date of Birth ____ / ____ / ____
Primary Care Doctor _____ Referral Doctor (if different) _____
Reason for Visit (*Chief Complaint*) _____

Date of first symptoms ____ / ____ / ____ ☐ MVA ☐ Work related _____
Date of Injury _____

PAST MEDICAL HISTORY:

SURGICAL PROCEDURES: (*Include dates*)

_____	_____
_____	_____
_____	_____

REVIEW OF SYSTEMS: (*Check all that apply*)

Yes	No	Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headaches _____		Stomach, ulcer, intestinal		Anemia _____	
Seizures _____		problems _____		Cancer _____	
Strokes _____		Cholesterol _____		Hepatitis _____	
Arthritis _____		Breathing or lung disorders _____		Phlebitis or blood clots _____	
Nerve disorders _____		Sleep Apnea _____		Ease of bruising _____	
Circulation problems _____		Use a CPAP machine _____		Bleeding disorder _____	
Heart trouble _____		Kidney / Bladder problems _____		Factor V Leiden _____	
High blood pressure _____		Thyroid problems _____		Emotional or psychiatric	
Inflammatory joint disease _____		Diabetes _____		difficulties _____	
		Lyme Disease _____		Other medical problems	
		HIV/Aids _____			

MEDICATION USAGE:

Med	Dose	Times/day	Med	Dose	Times/day	Med	Dose	Times/day
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

PHARMACY: _____

ADDRESS: _____

ALLERGIES: ☐ Latex ☐ Food (*Specify*) _____
☐ Iodine ☐ Drugs (*Specify*) _____ Reaction: _____

VITAL SIGNS: 1. Height _____ ft. _____ in. 2. Weight: _____ lbs.

SOCIAL HISTORY: (*Please Circle*) Single / Married Children Yes / No
Habits: Alcohol consumption: _____ Tobacco: _____ Street drugs: _____

PERTINENT FAMILY HISTORY:

Parents/siblings/children ages and medical conditions. (*If deceased, age and cause of death*)

