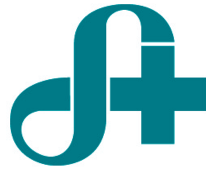

OrthoTeam Clinic
John S. Rogerson, M.D.
Excellence in Orthopedics

2 Science Court, Madison, WI 53711 Telephone: 608-231-3410 Fax:608-231-3410 Email: orthoteam@stohosp.com

Medical History Questionnaire

Date:____________________
Name:____
Birthdate:________________ Age:_____
Address: ____
Phone #: ____
Insurance:____
Height:__________Weight:__________

Chief Complaint: ____
Duration of symptoms:_________________Severity: (scale 1-10 with 10 being most severe)_________

Timing: (when does pain occur?)____
Associated symptoms:____

Modifying factors: (what makes symptom better or worse)_____________________________________
____

DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING:

Respiratory/Breathing Problem	Y/N	Nerve Disorders	Y/N
Asthma	Y/N	Mental health problems	Y/N
Lung Disease	Y/N	Depression	Y/N
Heart Disease	Y/N	Diabetes: Type I/ II	Y/N
Chest Pain	Y/N	Seizures	Y/N
High Blood Pressure	Y/N	Stroke	Y/N
Heart Murmur	Y/N	Cancer-type___________	Y/N
Blood Disorder/Bleeding Problem	Y/N	Hepatitis	Y/N
Severe Anemia	Y/N	Liver Disease	Y/N
Blood Clot	Y/N	Skin Disease/Cancer	Y/N
Urinary Disorders/Infection	Y/N	Arthritis	Y/N
Kidney Disease	Y/N	Rheumatoid	Y/N
Stomach Disorder	Y/N	Eye Disease	Y/N
Ulcer –Date___________	Y/N	Lupus	Y/N
Genital Problem/Disease	Y/N	Amyloidosis	Y/N

IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN: (Date and Treating M.D.)

____
____
____
____
____

HAVE YOU EVER HAD PROBLEMS WITH ANESTHESIA?
(Explain)____
____

PREVIOUS HOSPITALIZATIONS/SURGERIES/SERIOUS ILLNESSES:
(Include date/location)____
____
____
____

MEDICATIONS (include non-prescription and herbals)
____
____
____
____

ALLERGIES TO MEDICATION/FOOD/ENVIRONMENT:
(Explain)____

Allergy to metal: Y/ N ____

History of MRSA/MSSA**:** Y/N ____

SOCIAL HISTORY:

Marital status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow

Alcohol use:	☐ Never	☐ Rarely	☐ Moderate	☐ Daily
Tobacco use:	☐ Never	☐ Rarely	☐ Moderate	☐ Daily
Illicit Drug use:	☐ Never	☐ Rarely	☐ Moderate	☐ Daily

FAMILY HISTORY:

	Age	Disease	If deceased, cause of death
Father			
Mother			
Siblings			
Spouse			
Children			