

Meeks & Zilberfarb Orthopedics

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NEW PATIENT HEALTH HISTORY

NAME: _____ DATE: _____

DATE OF BIRTH: _____ OCCUPATION: _____

ALLERGIES: (also answer to question #6) _____

Married Single Children Ages: _____ Ht. _____ Wt. _____ Pulse _____

What is the condition for which you are seeing the doctor?

How long has it been bothering you? _____

To better evaluate your orthopedic concerns and plan your treatment,
please familiarize us with your medical history.

Name of referring physician (if any): _____

Name of your primary physician (if any): _____

1. Have you been under the care of a health practitioner during the past 2 years?
If yes, for what reason? _____ Yes No

2. Have you been a patient in the hospital during the past 2 years?
If yes, for what reason? _____ Yes No

3. Do you have any history of smoking or
presently smoke? _____ Yes No

4. How much alcohol do you consume daily ___ weekly ___ monthly ___

5. Have you taken any medicines or drugs during the
past 2 years? _____ Yes No

6. Are you allergic to (i.e. itching, rash, swelling of the hands, feet or eyes)
or been made sick by Penicillin, aspirin, codeine or any other drugs or
medications? If yes, what ones, what type of reaction? _____ Yes No

7. Have you ever had any excessive bleeding requiring
special treatment? _____ Yes No

8. Are you on a special diet? _____ Yes No

9. Has a doctor ever said you have cancer or a tumor? _____ Yes No
If so, when and what type _____

10. List all medication you are taking at this time (including dosage and frequency).

11. List all surgical procedures along with dates.

12. Pain scale Mild 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 Severe

13. Any family history of: inflammatory arthritis ___ osteoarthritis ___ gout ___

14. Circle any of the following
which you have **had** or
have at present.

- Heart Murmur
- Rheumatic Fever
- Skin Rashes
- Gout
- Artificial Heart Valve
- Joint Replacement
- Diabetes
- Cortisone Therapy
- Heart Disease or Attack
- High Blood Pressure
- Vein Thrombosis (Blood Clots)
- Kidneys/Bladder Problems
- HIV (Positive AIDS)
- Hepatitis (infectious or serum)
- Gastrointestinal Problems
- Liver Disease
- Blood Transfusion
- Heart Pacemaker
- Heart Surgery
- Anemia
- Ulcers
- Stroke
- Shortness of Breath
- Tuberculosis (TB)
- Asthma
- Thyroid Disease
- Arthritis
- Epilepsy or Seizures
- Persistent or unexplained fevers
- Major Surgery (type of anesthesia)
- Any Disease, Condition, or Problem not listed

LWM ___ JLZ ___ LCR ___ RF ___ DB ___