Honesdale Orthopaedic Surgery, PC
Musculoskeletal Questionnaire

Name_____ Age _____ Occupation _____

Primary Care Physician_____

Reason for visit_____

History: **Date symptoms started/accident occurred**_____
Body Part(s) _____ **Right** _____ **Left**_____
Describe_____
_____

Are you right/left hand dominant _____
List any treatments or tests you have had for this problem:
Medications _____
Physical Therapy _____
X-Rays or other tests _____

Patients Medical History: **(Please indicate if you have had any of the following)**

Heart Disease	**Diabetes**
High Blood Pressure	**Circulation Problems**
Arthritis (type?)	**Stomach/intestine Problems**
Cancer (type?)	**Bleeding Problems**
Clotting Problems	**Neurological (type?)**
Hepatitis	**Tuberculosis**
Broken Bones	**Severe Sprains**
Dislocation	**Other:**

Pharmacy Name: _____ **Location** _____ **Phone:** _____

List all past Surgeries and dates:
_____
_____
_____
_____
_____

Medications: (list all)
_____
_____
_____
_____
_____

Please list all
Allergies:_____
check here if none_____

Personal History

Do You?	Yes	No	How much/How often
Exercise Regularly			
Drink Alcohol			
Smoke			
Wear Safety Belts			

Social History:

Living Situation: (check if applies)

___ Single
___ Married
___ Widowed
___ Separated/Divorced

Highest grade of school completed: _____
Number of family members living at home_____
Are you a caregiver for a family member at home?
___ Yes ___ No

Family History: Please list any illness in family members living or deceased.

Member	Age	Mark X if alive & well	Mark X if deceased	List any illness
Mother				
Father				
Brothers				
Sisters				
Children				

Review of Systems: **(circle the words that apply to you)**

Gastrointestinal – bleeding ulcers, hiatal hernia, frequent indigestion, colitis
Genitourinary-**Urination is – frequent, burning, painful and has blood**
Neuro – **Paralysis, weakness, numbness, tingling in arms or legs, seizures**
Skin – rashes, frequent itching, sores that don't heal, infections or boils
Vascular & Hematologic & Lymphatic – **Vein problems, phlebitis, clots, anemia**
Cardiac & Pulmonary – chest pain, shortness of breath, cough, enlarged heart,
Irregular heartbeat, heart murmur, wheezing
Endocrine – **thyroid problems, weight loss, weight gain, excessive sweating, tremor**

** *This is a confidential record of your medial history and will be kept in your chart. Information contained here will not be released except when you have authorized us to do so.*