



Office Use Only

FGP | HMO PPO MDC MDD SCH DOL LWC SCH WMC PI
Patient Type | APM|DIR|EAG|ION|LUD|MDR|PF|PMN|PSC
Injury Type | School Related Sports Injury Yes No
Images | X-RAY MRI CT NONE Other
Images Uploaded to PACS | Yes No
Updated Patient Information Only

Chicago Center for Sports Medicine and Orthopedic Surgery
Medical History Information Today's Date:

Last Name: First Name: MI:

DOB: Age: Height: Weight:

Who referred you to us?

- Doctor | Name: Phone Number |
Facility | Name: Phone Number |
Other | Name: Phone Number |

Problem or Injury: Right / Left Date of Problem or Injury:

Symptoms of Problem or Injury:

How did this Injury Occur?

Do you have any allergies to medications? Circle One: Yes No | If yes, please provide details below.

Allergy | Reaction |
Allergy | Reaction |

Are you currently taking any medications? Circle One: Yes No | If yes, please provide details below.

Medication | Dosage |
Medication | Dosage |
Medication | Dosage |

Do you have, or have you ever had any of the following medical problems? Please check all that apply.

- heart disease lung disease gout diabetes
anemia HIV + circulation problems Sickle Cell
broken bones stomach ulcer back or neck injuries bleeding tendency
high blood pressure rheumatoid arthritis or Lupus Cancer | Type: None
Other (Please Describe):

Do you smoke or use tobacco? Circle One: Yes No | If yes, How many Packs/Cigarettes per day?

Do you consume alcohol? Circle One: Yes No | If yes, How many drinks per week? Per month?

Have you had any surgeries? Circle One: Yes No | If yes, list surgeries you have had, include dates and any complications:

Surgery | Date | Complications? |
Surgery | Date | Complications? |
Surgery | Date | Complications? |

Has any member of your immediate family ever had? Please check all that apply. Check here if None Apply.

- Cancer | Type: lung disease, TB Heart Disease Diabetes

If the doctor has to prescribe medications, do you have a preferred Pharmacy? If no pharmacy is preferred, please check here.

Pharmacy Name: Intersection or Address: