Monmouth Arthritis & Osteoporosis

Patient's Name:_____ DOB: / / Today's Date: / /

Patient's Past medical History:

Anxiety	Yes( ) No( )	High Blood Pressure	Yes( ) No( )
Back Pain	Yes( ) No( )	High cholesterol	Yes( ) No( )
Cancer	Yes( ) No( )	Kidney Disease	Yes( ) No( )
Depression	Yes( ) No( )	Osteoporosis	Yes( ) No( )
Diabetes	Yes( ) No( )	Psoriasis	Yes( ) No( )
Gout	Yes( ) No( )	Thyroid Disease	Yes( ) No( )
Heart Disease	Yes( ) No( )	Asthma	Yes( ) No( )
COPD	Yes( ) No( )	IBS	Yes( ) No( )
Anemia	Yes( ) No( )	Crohn's Disease	Yes( ) No( )
GERD	Yes( ) No( )	Fibromyalgia	Yes( ) No( )
Stroke	Yes( ) No( )	Hepatitis	Yes( ) No( )
Migraines	Yes( ) No( )	Lyme's Disease	Yes( ) No( )
Other Than Above			

Patient's Past Surgical History:

Appendectomy	Yes( ) No( )	Hip Replacement	Yes( ) No( )
Back Surgery	Yes( ) No( )	Hysterectomy	Yes( ) No( )
Gallbladder Removal	Yes( ) No( )	Knee Replacement	Yes( ) No( )
Hernia Replacement	Yes( ) No( )	Breast Surgery	Yes( ) No( )
Carpal Tunnel	Yes( ) No( )	Cataract	Yes( ) No( )
Other than above:			

Family History:

Problem		Relationship to patient
Arthritis	Yes( ) No( )	
Cancer	Yes( ) No( )	
Gout	Yes( ) No( )	
Heart Disease	Yes( ) No( )	
Lupus	Yes( ) No( )	
Osteoporosis	Yes( ) No( )	
Psoriasis	Yes( ) No( )	
Rheumatoid Arthritis	Yes( ) No( )	
Osteoarthritis	Yes( ) No( )	
Other than above:		

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Patient's Name:_____ DOB: / / Today's Date: / /

Exercise level:
1. None ( )
2. Occasional ( )
3. Moderate ( )
4. Heavy ( )

Smoking status:
1. Never Smoker ( )
2. Former Smoker ( )
3. Current Smoker ( )

Tobacco Years Of Use _____ Years.

Smoking- how much? Select One From the Following For Former And Current Smokers:
1. Half Pack Per Day ( )
2. One Pack Per Day ( )
3. Two Packs Per Day ( )
4. Other:

Alcohol Intake: Please select one From The Following:
1. None ( )
2. Occasional ( )
3. Moderate ( )
4. Heavy ( )

Recreational Drug Use : Yes ( ) No ( )