



# HAND SURGERY SPECIALISTS OF NEVADA

Specializing in the treatment and rehabilitation of the hand, wrist, and elbow

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## MEDICAL HISTORY FORM

Today's Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Are you **RIGHT** or **LEFT** handed? (Circle One) Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Referred By: \_\_\_\_\_ (Doctor, Patient, Attorney, Insurance, Ad)

Area of body you are being seen for: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Describe how your problem started: \_\_\_\_\_

\_\_\_\_\_

### Circle appropriate responses or add other if not listed:

#### Past Medical History:

Anxiety	Heart Disease
Arthritis	Hypertension
Asthma/COPD	Kidney Disease
Bursitis	Neck Injury
Cancer	Osteoporosis
Carpal Tunnel	Rheumatoid Arthritis
Cubital Tunnel	Scleroderma
Depression	Sleep Apnea
Diabetes	Stroke
Gastritis/Ulcer	Thyroid Disease
Glaucoma	Tendinitis
Heart Attack	Recent Weight Change ( $\geq 15$ #)
Other: _____	

#### Past Surgical History: (Please circle or write)

Angioplasty	Hysterectomy
Appendectomy	Joint Replacement
Arthroscopy	Laparoscopy
C-section	Oral Surgery
Carotid Surgery	Prostate Surgery
Carpal Tunnel Rel.	Spine Surgery
Cosmetic	Tonsillectomy
Cubital Tunnel rel.	Trigger Finger Release
Foot Surgery	Tubal Ligation
Fracture Care	_____
Gall Bladder	_____
Hernia Repair	_____
Heart Bypass	_____

### Current Medications: (i.e. Aspirin, Coumadin, Plavix)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Social History:

Tobacco: \_\_\_\_\_ pk(s)/day

Alcohol: \_\_\_\_\_

Hobbies/Interests: (ie, golf, knitting): \_\_\_\_\_

### Work Status:

Full Duty \_\_\_\_\_ Full-time \_\_\_\_\_

Light Duty \_\_\_\_\_ Part-time \_\_\_\_\_

Retired \_\_\_\_\_ Not Working, why? \_\_\_\_\_

Work Restrictions: \_\_\_\_\_

Pharmacy Preference: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

\_\_\_\_\_

Pharmacy Phone: \_\_\_\_\_

History of Anesthetic Problems/Complications? (ie, nausea) \_\_\_\_\_