The Next Level Sports Medicine
Patient Medical History Form

Name:_____	**Date of Birth**_____ **Age**:_____
Referring Physician:_____	**Today's Date**:_____
What hurts? _____ What are your symptoms on Average? (ache, numbness, etc.)?_____ What makes pain worse?_____ What previous treatment have you had?_____ What may have caused your symptoms:_____	How long have you had symptoms?_____ Rate your pain 1-10 (10 is the worst)_____ What makes pain better?_____ Is this Worker's Compensation injury?_____ VITALS: HEIGHT _____ WEIGHT_____ SOCIAL HISTORY: TOBACCO ☐ YES ☐ NO PACKAGES PER DAY: YEARS:

☐ Asthma	☐ Heart Attack	☐ Rheumatoid Arthritis	**Recent Blood Work**
☐ Cancer	☐ Hypertension	☐ Skin disease	☐ Blood work
☐ Depression	☐ High Cholesterol	☐ Stroke	☐ Bone Scan
☐ Diabetes	☐ Kidney problem	☐ Thyroid	☐ CT scan
☐ Drug dependency	☐ Lung Problems	☐ Ulcers	☐ MRI
☐ Epilepsy	☐ Osteoporosis	☐ Other	☐ Other
☐ Gout	☐ Prostate	☐ Other	☐ Other

PAST SURGICAL HISTORY (PLEASE LIST ALL PREVIOUS SURGICAL PROCEDURES)

MEDICATIONS (LIST ALL MEDICATIONS INCLUDING OVER THE COUNTER MEDICINE)

PHARMACY NAME:_____**PHONE**_____

ALLERGIES (LIST ALL THE NAMES OF ALL DRUG ALLERGIES)

FAMILY MEDIAL HISTORY (PLEASE LIST FAMILY MEMBERS WITH THE FOLLOWING CONDITIONS)

Arthritis	
Bleeding Condition	
Cancer	
Diabetes	
Heart Disease	
Osteoporosis	
Scoliosis (curvature of the spine)	
Stroke	

The Next Level Sports Medicine
Patient Medical History Form

Name:_____

EXPLAIN	Please Circle All That Apply	Explain
1. Eyes	a. Vision	
2. Head, Ears, Nose, Throat	a. Difficulty hearing b. Hoarseness	
3. Breast	a. Breast masses	
5. Cardiovascular (heart)	a. Chest pain b. Irregular heart beat	
6 Gastrointestinal (digestion)	a. Stomach ulcers b. Heartburn c. Jaundice	
7. Respiratory (breathing)	a. Shortness of breath	
8. Genitourinary (urination)	a. Frequent urination b. Painful urination	
9. Skin/integument	a. Rash b. Skin problems	
10. Neurological (nervous system)	a. Headaches b. Numbness	
11. Musculoskeletal (muscles and bones)	a. Joint pain b. Night pain	
12. Endocrine (hormones and glands)	a. Fatigue	
13. Psychiatric (emotions)	a. Depression	
14. Hematologic (blood)	a. Anemia b. Bleeding disorders c. Blood transfusion	