



SAWTOOTH ORTHOPEDICS & SPORTS MEDICINE
100 HOSPITAL DR., STE 107 • KETCHUM, ID 83340
PO BOX 1332 • SUN VALLEY, ID 83353
PHONE 208-622-3311 • FAX 208-622-4919

Name: _____ Date: _____

Health History

Please list previous surgeries & dates.

SURGERY – Orthopedic or Major Surgery	DATE/YEAR

Please list medications & vitamins/supplements you are currently taking regularly.

MEDICATION	MEDICATION

Are you allergic to any of the following? List other allergies, including drugs, food, environmental, etc.

Penicillin Codeine Novocain Aspirin Sulfa Latex Anesthesia

Other: _____

Allergic reaction you experience: _____

Has anyone in your family had an adverse reaction to anesthesia? Yes / No

Mother's age _____ Living / Deceased Cause of Death: _____

Father age _____ Living / Deceased Cause of Death: _____

Do you use tobacco products? Yes / No

How much/how often: _____ For how long: _____

How much/how often do you consume alcohol? Never (0) Recovering Rare (~1-3/mo)
 Occasional (1-5/wk) Moderate (1-2/day, 6-14/wk) Heavy (>2/day, +14/wk)

REVIEW OF SYSTEMS – check appropriate boxes

Height: _____ Weight: _____ lbs

Do you wear glasses and/or contacts? Yes / No

Have you ever been diagnosed with or treated for any of the following?

Y	N		Y	N	
		Alcohol Dependency			Joint replacement
		Anemia			Mental health treatment
		Angina (chest pain)			Numbness or tingling sensations
		Anxiety/Nervousness			Organ transplant
		Asthma			Osteoarthritis
		Bleeding tendency			Osteoporosis
		Cancer			Pacemaker
		Chemical dependency			Radiation therapy
		Chemotherapy			Reflux
		Depression			Rheumatoid arthritis
		Diabetes – type 1 or 2 (Circle)			Seizures
		Eating disorder			Skin – bruising tendency
		Emphysema			Skin – redness
		Epilepsy			Stroke
		Glaucoma			Thyroid - overactive
		Heart attack			Thyroid – underactive
		Heart burn - chronic			Tuberculosis
		Heart murmur			Ulcers
		Heart surgery			
		Heart valve replacement			
		Hemophilia/blood clotting			
		Hepatitis - A, B, or C (Circle one)			
		High blood pressure			
		Increased cholesterol			
		Irregular heart beat			

Please list any other pertinent medical conditions that are not included in the above list:
