

DR. BRAD L. PENENBERG AND DR. SONU AHLUWALIA

DATE: _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

HISTORY OF CURRENT COMPLAINTS

?? Briefly list your complaints: _____

?? Date of injury or onset: _____

?? Any previous treatment for this condition? No_____ Yes_____ Please describe below

__Medication __Physical therapy __Injections (Cortisone, Hyalgan, Synvisc)
__Surgery (year, type) _____ Other_____

Did the treatment help? No_____ Yes (Which ones?) _____

CURRENT MEDICAL HISTORY

HEIGHT: _____ft. _____in. Weight: _____lbs.

PHARMACY NAME AND PHONE # : _____ LIST CURRENT MEDICATIONS: _____

LIST ANY MEDICATIONS OR SUBSTANCES TO WHICH YOU ARE ALLERGIC: _____

ARE YOU CURRENTLY TAKING BLOOD THINNING MEDICATIONS? NO YES

ARE YOU CURRENTLY TAKING CORTISONE-TYPE MEDICATIONS? NO YES

HAVE YOU OR ANY BLOOD RELATED RELATIVE EVER HAD ANY MAJOR ADVERSE REACTION TO ANESTHESIA? NO YES

HAVE YOU EVER HAD ANY BLOOD/VASCULAR DISORDERS? (BLOOD CLOTS, STROKE, HEART ATTACK, BLEEDING DISORDER, ANEMIA)
NO YES_____

DO YOU CONSUME ALCOHOL? NO YES(How Long/quantity?)_____

DO YOU CURRENTLY OR HAVE YOU EVER SMOKED CIGARETTES OR OTHER TOBACCO PRODUCTS?
NO YES (How long/quantity?)_____

ARE YOU CURRENTLY OR HAVE YOU EVER BEEN ADDICTED OR HABITUATED TO DRUGS?
NO YES (Drug/Other)_____

ARE YOU ON ANY SPECIAL OR RESTRICTED DIET? NO YES(Type)_____

PAST MEDICAL HISTORY

Family History: Have any blood related family members ever have any of the following (or other disease): Heart Disease, High blood pressure, Diabetes, Cancer, Stroke, Tuberculosis, Gout, Bone Disease, Other: _____

Physician Notes: _____

Surgical History: No_____ Yes_____ (list date, procedure, surgeon and hospital)

Major accidents or Injuries: (list date, type of injury and treatment)

