HOSPITAL FOR SPECIAL SURGERY

SETH JERABEK, MD
ADULT RECONSTRUCTION AND JOINT REPLACEMENT
HOSPITAL FOR SPECIAL SURGERY
535 EAST 70TH STREET, 3RD FLOOR
NEW YORK, NY 10021
PHONE: 212-774-7180
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WEILL CORNELL MEDICAL COLLEGE · CORNELL UNIVERSITY ·

Medical History Form

Name: _____ Age: _____ Birthday: _____ Sex: M or F

Presenting Problem:
☐Hip ☐Knee ☐Shoulder ☐Other _____ Side: ☐Right ☐Left ☐ Both

When did the symptoms start: _____ Was there an injury: ☐Yes ☐No

Briefly describe your symptoms: _____
_____
_____

Rate your pain (circle number): No pain 0 1 2 3 4 5 6 7 8 9 10 Extreme Pain

Prior Treatments: ☐Anti-inflammatories ☐Physical Therapy ☐Narcotics ☐Injections ☐Other
Assistive Devices: ☐Cane ☐ Crutches ☐ Walker ☐ Wheelchair

Prior Surgeries (date and surgery):

_____ _____
_____ _____
_____ _____

Medical Conditions:

_____ _____
_____ _____
_____ _____

Current Medications (name, dose, and frequency):

_____ _____
_____ _____
_____ _____
_____ _____

Allergies:

_____ _____
_____ _____
_____ _____

Are you allergic to latex? ☐Yes ☐No
Are you allergic to iodine? ☐Yes ☐No

Are you allergic to metals? ☐Yes ☐No

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Social History:

Occupation: _____ Smoke: ☐Never ☐Quit _____ (DATE) ☐Yes, Packs per day _____

Alcohol: Average drinks per week: _____

Family History:

Medical conditions that run in the family: _____

_____

Review of Systems: Please check Yes or No for all symptoms/conditions below

Constitutional symptoms (fever, weight loss, fatigue, etc)	☐No	☐Yes, _____
Eyes (glaucoma, cataracts, etc)	☐No	☐Yes, _____
Cardiac (chest pain, palpitations, faintness, etc)	☐No	☐Yes, _____
Vascular (burning in legs with walking, poor circulation, etc)	☐No	☐Yes, _____
Respiratory (shortness of breath, difficultly breathing, etc)	☐No	☐Yes, _____
Gastrointestinal (abdominal pain, ulcers, bleeding, etc)	☐No	☐Yes, _____
Genitourinary (difficultly or painful voiding, incontinence, etc)	☐No	☐Yes, _____
Musculoskeletal (pain in multiple joints, joint swelling, etc)	☐No	☐Yes, _____
Rheumatologic (rashes, inflammation, pain, etc)	☐No	☐Yes, _____
Neurological (numbness, tingling, difficultly with balance, etc)	☐No	☐Yes, _____
Psychiatric (depression, anxiety, etc)	☐No	☐Yes, _____
Endocrine (diabetes, thyroid, etc)	☐No	☐Yes, _____
Hematologic (excessive bleeding, blood clots, etc)	☐No	☐Yes, _____

Height: _____ Weight: _____

T: _____ P: _____

B/P: _____ R: _____

DR: COMMENTS:

_____
_____
_____
_____
_____
_____

Healthcare provider: ***Seth Jerabek, MD*** Signature: _____ Date: _____