

The Annapolis Hand Center  
Patient Health History Form

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Sex M F

Primary/Referring Physician \_\_\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

Occupation \_\_\_\_\_ full time part time retired student,grade\_\_\_

ALLERGIES (please list with reaction) \_\_\_\_\_

Current Medications \_\_\_\_\_

---

Past Surgeries or Hospitalizations \_\_\_\_\_

---

Marital Status married widowed divorced separated single minor

Smoking History # of packs/day \_\_\_ x \_\_\_ years If quit, how long ago? \_\_\_\_\_ never

Alcohol Intake never rare moderate heavy # of drinks \_\_\_ per day / \_\_\_ per week

Height \_\_\_feet \_\_\_inches Weight \_\_\_pounds Recent weight gain loss \_\_\_# of lbs

**MEDICAL HISTORY** Please check all that apply for yourself [S] and family members [F]

**S/F Cardiovascular**

- Angina/chest pain
- Heart attack
- Heart murmur
- Heart valve disease
- Irregular heart beat
- Pacemaker
- High blood pressure
- Cholesterol elevation
- Peripheral vascular disease
- Blood clots - dvt / pe

**Pulmonary**

- Asthma
  - Bronchitis
  - COPD
  - Emphysema
- Endocrine**
- Adrenal / Pituitary
  - Diabetes- Insulin
  - Diabetes- Oral meds
  - Thyroid Disease

**S/F Hematological**

- Hemophilia
  - Sickle Cell Disease
  - Thalassemia
  - Von Willebrand
- Gastrointestinal**
- Crohn's Disease
  - Diverticulitis
  - Hepatitis
  - Hiatal Hernia
  - Irritable Bowel Syndrome
  - Reflux
  - Ulcers
  - Ulcerative Colitis
- Renal**
- Bladder Infections
  - Incontinence
  - Kidney Failure
  - Kidney Stones
  - Painful Urination
  - Prostate Disease

**S/F Musculoskeletal**

- Congenital Deformities
  - Ehlers-Danlos
  - Fibromyalgia
  - Gout
  - Joint Swelling
  - Lyme's Disease
  - Lupus
  - Muscular Dystrophy
  - Osteoarthritis
  - Osteoporosis
  - Polymyalgia Rheumatica
  - Psoriasis / Arthritis
  - Rheumatoid Arthritis
- Other**
- Chills
  - Fevers
  - Flu Symptoms
  - Night Sweats
  - Rashes

**S/F Neurological**

- Hearing loss
- Migraines
- Multiple Sclerosis
- Meniere's Disease
- Restless Leg Syndrome
- Parkinson's Disease
- Polio
- Stroke/ TIA
- Tremors

**Ophthalmologic**

- Blurred/Double Vision
- Cataracts
- Glaucoma
- Poor Vision

**Psychiatric**

- Alzheimer's
- Anxiety
- Bipolar Disorder
- Depression
- Schizophrenia

**Cancer:** Type / Location \_\_\_\_\_  
Treatment:  Surgery  Chemotherapy  Radiation

Other \_\_\_\_\_  
 None of the Above

Signature \_\_\_\_\_ updated \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_