

JEFFERSON ORTHOPEDIC CLINIC

Review of Systems

Any questions left blank will be considered not to be a problem or a "negative response".

Are you currently or have you had problems with your: If any are checked YES please explain.

Circle

Yes No **Cardiovascular: (Blood Pressure, Chest Pain)** _____
Yes No **Arthritis: (Rheumatoid, Osteoarthritis)** _____
Yes No **Neurologic: (Numbness, Tingling, Balance)** _____
Yes No **Constitutional: (Weight Loss, Diet, Development)** _____
Yes No **Stomach Ulcers:** _____
Yes No **Diabetes:** _____
Yes No **Liver Disease:** _____
Yes No **Blood Clots:** _____
Yes No **Disabled: (How & When)** _____

PAST MEDICAL HISTORY: Please indicate any major surgeries or hospitalizations, and if there were complications.

Hospitalizations/ Surgeries (type)/ Major Injuries	Year	Complications (if any)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever had general anesthesia (put to sleep) Yes No If YES, Were there any problems:
Yes No If Yes, please explain the problem: _____

FAMILY HISTORY: Please complete to the best of your knowledge.

	Alive	Deceased	If deceased, cause of death	Health Status		
Mother			_____	Good	Poor	Excellent
Father			_____	Good	Poor	Excellent
Sister/Brother			_____	Good	Poor	Excellent
Children			_____	Good	Poor	Excellent

SOCIAL HISTORY: Please answer all questions.

Are you Employed? Yes No If Yes, Occupation: _____
Marital Status: Single Married Separated Widowed
Do you have children: Yes No Do you live with: Spouse Relatives Alone Other
Do you exercise: Yes No If yes, what type or kind of exercise? _____
Are you on any kind of special diet? Yes No If yes, What type or kind: _____
Have you had history of substance abuse? Yes No If yes, Explain: _____
Do you smoke? Yes No If yes, How long have you smoked?: _____ How many packs Per Day? _____
Do you drink alcohol? Yes No If yes, How much? _____ How Long: _____
Education: Check: Jr. High School GED High School College Graduate School Other: _____

Physicians Initials: _____ Date: _____

PFSH + ROS Updated:

Updated: _____ Int: _____ / Updated: _____ Int: _____ / Updated _____ Int: _____