175 Country Club Drive
Building 100, Suite E
Stockbridge, Georgia 30281
Phone: **770.507.5000**
Fax: **770.507.5075**
www.southmetroboneandjoint.com

South Metro
Bone & Joint, P.C.

MEDICAL HISTORY FORM

Name: _____ Today's Date: _____

SS#: _____ Date of Birth: _____

Chief Complaint _____

Why are you seeing the doctor today? _____

Current problem is the result of a(n): Check all that apply

❑ Car Accident ❑ Work Accident ❑ Accident How Accident Happened _____

❑ Other _____ Date of Injury _____

Medications

List medications you are currently taking, and any herbal medications.

Allergies

Are all immunizations up to date? ❑ Yes ❑ No If no, which immunizations are due? _____

Social History

☐ Work in the home ☐ Employed (occupation)_____ Where Employed_____

Yrs of Employment_____ ☐ Student ☐ Daycare ☐ Retired

☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Children? ☐ No ☐ Yes #_____

Do you live alone? ☐ No ☐ Yes _____

Do you exercise ? ☐ Daily ☐ Weekly ☐ Monthly

☐ Rarely ☐ Never What Type of Exercise?_____

History of substance abuse? ☐ No ☐ Yes What?_____

Smoke currently? ☐ No ☐ Yes

_____Packs per day for _____ years.

Quit smoking? _____ When _____ Previously smoked _____ packs per day for _____ years.

Drink alcohol? ☐ No ☐ Daily ☐ 1-2x1 week ☐ 1-2x1 month ☐ 1-2x1 year

Are you pregnant_____Yes _____No Due Date _____

Patient Signature: _____ Date: _____

Reviewed: _____ MD Date: _____

See next page