HOUSTON Methodist LEADING MEDICINE

Dr. Joshua D. Harris
Houston Methodist Hospital
Center for Orthopaedics & Sports Medicine

Office: 713-441-8393
Fax: 713-790-5134
www.methodistorthopedics.com

GENERAL INTAKE SURVEY

Last name _____ First name _____ Middle name _____

Today's date __/__/__ Date of birth __/__/__ Male / Female Height __ ft __ in Weight ___ lbs

Occupation _____ E-mail address _____

What joint are you being evaluated for today? ___ Shoulder; ___ Knee; ___ Hip; ___ Elbow; ___Other

Past Medical History

Have you ever been treated for any of the following illnesses? Please check all that apply.

	Heart disease		Diabetes		Seizures/Epilepsy
	Heart failure		Stroke/Mini-stroke		Ulcers
	Heart attack		Hepatitis		Anxiety
	High blood pressure		Immunodeficiency		Depression
	High cholesterol		Bleeding disorders		Fibromyalgia
	Emphysema/bronchitis/asthma		Clotting disorders		Thyroid disease
	Cancer		Arthritis		Other

Please list any other medical illnesses or condition not listed above:

_____

_____

Do you have a family history of any medical problems? ___ Yes ___ No

If yes, please list them here: _____

Please list your prior surgeries (and dates/years) here:

_____

_____

Have you ever had problems with general anesthesia? ___ Yes ___ No

If yes, please describe the problem here: _____

Do you currently smoke cigarettes? ___ Yes ___ No; How many packs/day? ___ How many years? ___

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Please list any current medications, including over-the-counter medications and supplements:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Do you have any allergies to medications? ___ Yes ___ No

If yes, please list allergies here:

1. _____
2. _____
3. _____
4. _____
5. _____

Do you have any allergies to latex? ___ Yes ___ No

Do you have any other allergies not listed above? ___ Yes ___ No

If yes, please list here:

1. _____
2. _____
3. _____

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Review of Systems - Please circle any item that applies to you or circle "no problems" if you have no problems.

1. Constitutional (General health): No problems;
    a. Lack of energy, fatigue, excessive sleepiness, unintentional weight gain or weight loss, appetite loss, fever, chills, night sweats.
2. Eyes, ears, nose, mouth, throat: No problems;
    a. Double vision, blurry vision, vision loss, near sighted, far sighted, astigmatism, poor hearing, ringing in ears, sinus problems, nosebleeds, runny nose, post-nasal drip, mouth or throat sores, difficulty swallowing.
3. Cardiovascular (heart and blood vessels): No problems;
    a. Irregular heartbeat, heartbeat too fast or slow, chest pain, swollen legs or feet, pain in legs with walking.
4. Respiratory (lungs and breathing): No problems;
    a. Shortness of breath, cough, wheezing, pleurisy, use of oxygen at home during day or night, use of CPAP, coughing up blood.
5. Gastrointestinal (stomach, intestines): No problems;
    a. Heartburn, ulcers, reflux, nausea, vomiting, constipation, diarrhea, incontinence, abdominal pain, intolerance to certain foods, blood in stool, black tarry stools.
6. Genitourinary (bladder and kidneys): No problems;
    a. Painful urination, frequent urination, incontinence, urgency, bladder problems, kidney stones, prostate problems.
7. Musculoskeletal (muscles, tendons, bones, joints): No problems;
    a. Pain in arm or legs, aching muscles or joints, swollen arms or legs, swollen joints, back pain, neck pain.
8. Integumentary (skin and nails): No problems;
    a. Rash, itching, skin lesion, new moles or skin lesions, change in existing moles or skin lesions, excessive loss or gain of hair.
9. Neurologic (brain or nerves): No problems;
    a. Headaches, double vision, blurry vision, vision loss, weakness, numbness or tingling, difficulty walking or balance, dizziness, tremor, loss of consciousness, uncontrolled motions.
10. Psychiatric (emotions, mood, thinking): No problems;
    a. Depression, anxiety, panic attacks, insomnia, irritability, recurrent bad thoughts, mood swings, hallucinations, delusions, obsessions, compulsions.
11. Endocrine (glands): No problems;
    a. Thyroid problems, intolerance to heat or cold, menstrual irregularities, frequent hunger or thirst, change in sex drive.
12. Hematologic (blood and lymph): No problems;
    a. Easy bleeding, easy bruising, anemia, abnormal blood tests, leukemia, lymphoma, myeloma, unexplained swollen lymph nodes.
13. Allergic or immunologic: No problems;
    a. Seasonal allergies, food allergies, latex allergies, pet allergies, hay fever, itching, frequent infections, exposure to HIV or hepatitis.
14. Other: _____
    _____
    _____