Fleming County Hospital
Compassion. Commitment. Community.

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PATIENT INFORMATION

Present Problem _____ Date of Injury/Onset ____/____/____

Place Where Injury Occurred _____ Primary Care Physician _____

Is this problem related to an auto accident? [ ] Yes [ ] No

Is this problem related to Workman's Comp? [ ] Yes [ ] No Referring Physician _____

SOCIAL HISTORY:

Do you live alone? [ ] Yes [ ] No Do you exercise daily? [ ] Yes [ ] No

What type of exercise and how often? _____

History of substance abuse? [ ] Yes [ ] No Smoke currently? [ ] Yes [ ] No How many packs per day _____ for _____ years.

Quit smoking? [ ] Yes [ ] No Drink alcohol? [ ] Never [ ] Daily [ ] Socially

PAST MEDICAL HISTORY

Year	Surgeries/Hospitalizations	Complications

Have you ever had general anesthesia? [ ] Yes [ ] No Have any problems with anesthesia? [ ] Yes [ ] No

Have you ever had or currently having any of the below? (Check all that apply)

[ ] Diabetes	[ ] Kidney Damage	[ ] Liver Damage	[ ] Cancer	[ ] Blood Clots
[ ] High Blood Pressure	[ ] Balance Problems	[ ] Shortness of Breath	[ ] AIDS	[ ] Chest Pain
[ ] TB	[ ] Bowel or Stomach	[ ] Bladder Problems	[ ] Ear, Nose, Throat	[ ] Numbness & Tingling
[ ] Blackout	[ ] Fainting or seizures	[ ] Ulcers	[ ] Currently Pregnant	

Medications	Dosage	Reason for Medication
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Allergies to Medications:		

Signature _____ Date ____/____/____