

Have you ever had any of the following conditions? If you had the condition in the past, but are no longer troubled with it, mark "past". If it is a current problem, please mark "current". If you wish to make a note regarding a condition, please mark under "notes" and write in the notes space below. Please fill in the diagnosis date for conditions you have had.

Diagnosis Date Have you ever had: Past Current Notes

Metabolic

Diabetes			
Hypoglycemia (Low blood sugar)			
Hyperthyroid			
Other metabolic problems			

Head

Head Injury			
Other head problems			

Dental

Abscesses			
Gingivitis			
Other dental problems			

Neck

Arthritis in your neck			
Pain in your neck			
Stiffness in your neck			
Thyroid trouble — goiter			
Other neck problems			

Skin

Boils			
Infections			
Psoriasis			
Ulcers			
Other skin problems			

Eye

Cataracts			
Cataract surgery			
Glasses/contacts			
Loss of vision			
Eye Pain			
Other eye problems			

Nose / Throat

Hearing loss			
Hearing Aid			
Ear Infection			
Ringing/buzzing			
Other ear problems			
Nose bleeds			
Hoarseness of throat			
Polyps in your nose			
Sinus trouble			
Trouble swallowing			
Other nose/throat problems			

Notes:

Diagnosis Date Have you ever had: Past Current Notes

Respiratory

Asthma			
Bronchitis			
Chronic cough			
Coughing up blood			
Emphysema			
Pain in breathing			
Pneumonia			
Sinus infection			
Shortness of breath			
Wheezing			
Other respiratory problems			

Neurological

Headaches			
Fainting			
Seizures (epilepsy)			
Paralysis of arm			
Paralysis of leg			
Paralysis below waist			
Paralysis below neck			
Numbness in arm			
Numbness in leg			
Foot drop			
Stroke			
Other neurological problems			

Cardiovascular

High blood pressure			
Low blood pressure			
Chest pain			
Claudication/peripheral			
Congestive heart failure			
Cold fingers & toes			
Heart attack			
Heart disease			
Irregular heartbeat			
Leg cramps at night			
Leg cramps while walking			
Leg/ankle swelling			
Rheumatic fever			
Other cardiovascular problems			

Blood

Anemia			
Bleeding problems			
Hemophilia			
Prior Transfusions			
Pulmonary Embolism			
Other blood problems			

Thrombophlebitis (blood clots)

Diagnosed by: ● X-ray ● Scan ● Dr.
 ● Don't know ● Doppler ● Other

If yes most recent, ● 6 mo ● 1 yr ● 2 yr
 ● 3 yr ● 4 yr ● 5 yr

Treatment: ● None ● Coumadin ● Heparin
 ● Other

Hospitalized: ● Yes ● No

Family and socio-economic information

Have any of the following diseases occurred in your family?

- Arthritis
- Bleeding disorders
- Blood disorders
- Cancer
- Diabetes
- High Blood Pressure
- Heart Disease
- Kidney Failure
- Rheumatism
- Seizures
- Stroke

Have any family members had a joint replacement?

- Yes
- No

What is your marital status?

- Single - Never Married
- Separated
- Widowed
- Married
- Divorced
- Remarried

What is your work status?

- Full Time
- Retired
- Partially Disabled
- Part Time
- Fully Disabled
- Unemployed

Annual household income from all sources:

- < 10,000
- 10,000 to 20,000
- 20,000 to 40,000
- 40,000 to 60,000
- 60,000 to 100,000
- > 100,000

Please list your occupation:

- Professional
- Light Labor
- Heavy Labor
- Management
- Student
- Salesperson
- Construction
- Cashier - Clerk
- Secretary - Clerical
- Assembly Line Engineer
- Engineer - Technical
- Teacher
- Homemaker
- Other

Is the current problem related to a claim for worker's compensation?

- Yes
- No

Is the current problem related to any current lawsuit?

- Yes
- No

Is there the possibility of a claim against another party for legal liability related to the current problem?

- Yes
- No

Notes:

Home Environment

- Yes No Are you staying in a nursing home?
- Yes No Do you live alone?
- Yes No Can you perform routine household duties?
- Yes No Can you prepare your own meals?
- Yes No Are there stairs to enter your home?
- Yes No Are there stairs inside your home?
- Yes No Is there a bathroom on the first floor?
- Yes No Is the bathroom able to be entered with a walker?
- Yes No Is there a bedroom on the first floor or can one be created?

Which assistive devices are available in your home?

- None
- Wheelchair
- Shower bench
- Tub rails
- Raised toilet seat
- Chair lift
- Hand rails - banisters

Who is available to help you if you need surgery?

- Spouse
- Son
- No one
- Mother
- Brother
- Father
- Sister
- Daughter
- Friend

What is the highest grade you completed in school?

- 8th or less
- Some High School
- High School grad / GED
- Some technical school
- Technical school grad
- Some College
- College grad
- Some post-grad
- Post-grad or professional degree

How many natural/adopted children are still at home?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- Other _____

Religious preference:

- None
- Jehovah's Witness
- Catholic
- Jewish
- Muslim
- Other
- Christian Non-denominational
- Buddhist
- Hindu
- Mormon
- Protestant

Notes:
