

For office use only  
XRAYS-

RM -  
  
DEXA?

**MID TN BONE AND JOINT CLINIC**  
**ESTABLISHED PATIENT**

ALLERGIES:

DATE OF LAST HISTORY SHEET:

GLOBAL- Y N

Name: \_\_\_\_\_ Date \_\_\_\_\_ Chart # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Injury Date \_\_\_\_\_

What is your main reason for seeing our doctor today? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your work status? Regular Duty Light Duty Not Working Disabled Retired

Is this a work related injury? Y or N

Have you had any new medical problems or surgeries since last seen? Y or N  
If yes, please list: \_\_\_\_\_

Are you taking any new medicines or stopped taking any medicines since last seen? Y or N  
If so, please list: \_\_\_\_\_

Have you changed jobs or had other significant changes in your life since last seen? Y or N  
Explain: \_\_\_\_\_

**Review of Systems (please circle any symptoms or problems you have):**

- General: weight change fever fatigue headaches
- Eyes: eye disease injury blurred vision glaucoma glasses/contacts
- ENT/mouth: hearing loss earaches sinus problems mouth sores voice change
- Cardio: chest pain shortness of breath leg swelling
- Resp: coughing wheezing spitting up blood
- GI: nausea/vomiting poor appetite constipation rectal bleeding heartburn
- GU: blood in urine incontinence kidney stones
- Female problems such as irregular periods/abnormal bleeding
- MS: joint pain stiffness weakness difficulty walking
- Skin/Hair: rash change in hair or nails varicose veins
- Neuro: dizziness seizures head injury numbness/tingling
- Psych: memory loss confusion depression nervousness
- Hemo/Lymph: bleeding easy bruising swollen glands

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**INITIALS-**