Austin
HAND TO SHOULDER
CENTER

Medical Intake Form

Patient Name:_____ DOB:_____

Right handed/ Left handed Height:_____ Weight: _____

Please list your Medications Including Dosage and Frequency Here:

_____ _____

_____ _____

_____ _____

_____ _____

PLEASE LIST ANY ALLERGIES: _____

PATIENT MEDICAL HISTORY: (Circle All That Apply)

Heart Disease	Hypertension	Hypotension	Hypercholesterolemia	Hyperlipidemia
Seizures	Stroke	Diabetes	Cancer	Major Infection
Asthma	Lung Disease	Kidney Disease	Thyroid Disease	Hepatitis
Arthritis	Anemia	Tuberculosis	HIV	Migraine Headaches
Glaucoma	Back Trouble	Depression	Anxiety	Ulcers

List any other medical conditions: _____

FAMILY HISTORY: (Circle Status and Check All that Apply)

	Status	Diabetes	Hypertension	Heart Disease	Stroke	Cancer (Specify)	Migraine	Unknown	Other
Father	Alive/Deceased								
Mother	Alive/Deceased								
Brother	Alive/Deceased								
Sister	Alive/Deceased								
Other	Alive/Deceased								

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SURGICAL HISTORY: (List All Procedures and Date)

_____ _____

_____ _____

_____ _____

SOCIAL HISTORY: (Please Circle Status)

Employed /Unemployed /Disabled/ Retired Occupation: _____

Tobacco Use: NEVER/ PREVIOUSLY BUT QUIT/ YES Packs/Day:_____

Use of Alcohol: NEVER/ PREVIOUSLY BUT QUIT/ YES Amount: _____

Use of "Recreational Drugs" NEVER/ PREVIOSYLY BUT QUIT/ YES What? _____

Do you see Pain Management? Y or N Group Name/Doctor: _____

Is injury work related? Y or N

Does Injury involve an attorney or third party? Y or N

Review of Systems (Please circle all conditions which apply currently)

Constitutional : Weight gain, Weight Loss, Fever, Night Sweats, Exercise Intolerance

Eyes: Irritation, Dryness, Change of Vision

Ears/Nose/Throat/Mouth: Difficulty Hearing, Ear Pain, Nosebleeds, Sinus Problems, Snoring, Sore Throat

Bleeding Gums, Dry Mouth, Mouth Ulcers, Oral Abnormalities, Teeth Problems

Cardiovascular: Shortness of Breath, Palpitation, Chest Pain, Arm Pain, Heart Murmur

Respiratory: Cough, Wheezing, Shortness of Breath, Coughing Blood

Genitourinary: Incontinence, Hematuria, Difficulty Urinating, Urination Frequency

Musculoskeletal/Extremities: Muscle Aches, Weakness, Arthralgia, Joint Pain, Back Pain, Swelling

Neurologic: Weakness, Numbness, Seizures, Headaches, Loss of Consciousness

Psychiatric: Depressed, Sleep Disturbance, Alcohol Abuse

Endocrine: Fatigue, Weight Gain, Weight Loss

Lymphatic: Bruising, Swollen Glands

Allergic/Immunologic: Itching, Hives, Runny Nose, Sinus Pressure, Frequent Sneezing