

# Fit -N- Wise Sports Medicine

## New Patient History

Date: \_\_\_\_\_

Name \_\_\_\_\_

Primary Care or Referring Physician (circle one) \_\_\_\_\_

His/Her telephone # \_\_\_\_\_

Reason for Today's Visit \_\_\_\_\_

Current Medications (including dosages) \_\_\_\_\_

Current Medical Conditions (Example: High blood pressure, Diabetes, etc.)

Any History of Musculoskeletal Problems/ Injuries? (List and give approx. dates)

Previous Surgeries (List and give approx. dates)

Previous Hospitalizations, Non-surgical (List and give approx. dates)

Family History (Any Diabetes, Heart disease, Arthritis, Neurological Conditions, etc. in your family?) \_\_\_\_\_

Drug Allergies