OrthoWest, Ltd. • 7255 Old Oak Blvd C405 • Middleburg Heights OH 44130 • (440)816-5380
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Chart: Age:

Child Medical History Form

Prov:

Name_________________________ Date_________________________

Referring Physician ________________________ Pediatrician (If Diff)____________________
Grade in School ___________________________ Legal Guardian ________________________
Who does the child live with?______________________________
Reason for Consulting an Orthopaedic Surgeon_____________________________________
Describe Side and Location (for example, right knee) _________________________________
What are the symptoms?____
How long have the symptoms been present____
Is this a result of an injury? Yes No Date ____/_____/______
If yes, how did it happen?____
If Yes, where did it happen?____
Have you had any tests, treatments, or xrays for this condition?_________________
Past serious injuries or accidents____
____

Pregnancy Problems?____
Delivery Problems?____
Development Problems?____

Major Operations or Illnesses or Fractures

Hospital	Date	Reason

Conditions that run in your family (arthritis, diabetes, heart disease)____________________
____

Does the child have or ever have

Abnormal Bleeding	Diabetes	Kidney Disease	Recent Cold/Flu
AIDS (HIV)	Fever, Chills, Sweats	Liver Disease	Rheumatic Fever
Anemia	Glaucoma	Lung Disease	Sinus Problems
Arthritis	Headaches-Frequent	Marked Weight Loss	Stomach Troubles
Asthma	Heart Trouble	Nervous Disorder	Stroke
Blood Clots	Herpes	Pain in Jaw	Swollen Glands
Chemotherapy	High Blood Pressure	Radiation Treatment	Thyroid Disease
Convulsions/Epilepsy	Jaundice	Reaction to Anesthetic	Venereal Disease

Other:____

Medications (Can use back of page)

Medication	Dosage	Reason

List any allergies (and what is the reaction)_______________________________________
____

Smoking ? Y N If yes, how much____________

Drug or Alcohol Use?_________________________

Emotional Problems?__________________________________

Height______________ Weight_________________
Female Only: Menses: Age Began________ Regular?_________

Office Use: Chart:
Last Name:
First Name:
Age: DOB: