



Orthopaedic Associates of Zanesville

2854 Bell Street Zanesville, Ohio 43701 P: 740-454-3273 F: 740-588-1081 www.orthozane.com

PAST MEDICAL HISTORY FORM

PATIENT NAME AND

DOB: _____

PAST MEDICAL CONDITION: CHECK ALL THAT APPLY TO YOU

YES	CONDITION	YES	CONDITION
	Alcohol/Drug Abuse		Heart Attack
	Anemia		Hepatitis
	Anesthesia Complications		High Blood Pressure
	Arthritis, Rheumatoid		High Cholesterol
	Arthritis, Osteoarthritis		Hyperparathyroidism
	Arthritis		Infection
	Asthma		Kidney Disease
	Atrial Fibrillation		Long Term Steroid Use
	Bladder/Kidney Problems		Menopause
	Bleeding Disorder		Menstruating Female
	Blood Clot (Leg)		MRSA (HISTORY OF)
	Blood Clot (Lung)		Osteopenia
	Cancer		Osteoporosis
	COPD		Sleep Apnea
	Coronary Artery Disease		Cpap
	Cushings Syndrome		BiPap
	Diabetes		Stroke
	Emphysema		Transient Ischemic Attack (TIA)
	HIV/Aids		



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PAST SURGICAL HISTORY FORM

PATIENT NAME AND

DOB: _____

PAST SURGICAL HISTORY: CHECK ALL THAT APPLY TO YOU

SURGERY	YES	YEAR	COMMENTS
Ankle/Foot Surgery			Circle: Right Left Both
Back/Spine Surgery			
Cardiac Catherization			
Carpal Tunnel Surgery			
Coronary/Heart Surgery			
Coronary/Heart Stent			
Defibrillator			
Hand Surgery			Circle: Right Left Both
Hip Surgery			Circle: Right Left Both
Hysterectomy			
Knee Surgery			Circle: Right Left Both
Lung Surgery			
Neck Surgery			
Ovary Removal Surgery			
Pacemaker			
Shoulder Surgery			Circle: Right Left Both
Wrist Surgery			Circle: Right Left Both



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FAMILY MEDICAL HISTORY

PATIENT NAME AND

DOB: _____

FAMILY MEDICAL CONDITION: CHECK ALL THAT APPLY TO YOUR FAMILY

CONDITION	MOTHER	FATHER	SISTER	BROTHER
Anesthesia Complications				
Arthritis, Rheumatoid				
Arthritis, Osteoarthritis				
Arthritis				
Bleeding Problems				
Cancer				
Coronary Artery Disease				
Diabetes				
Heart Disease				
High Blood Pressure/Hypertension				
Kidney Disease				
Osteopenia				
Osteoporosis				
Stroke				
Transient Ischemic Attack (TIA)				