



Mercy Clinic Orthopedics – Town and Country and Sunset Hills
 Mercy Clinic Orthopedic Surgery – Clayton-Clarkson and Emerson Rd.
 314.966.0111

Medical History Form

Name: _____ DOB: _____ Age: _____

Height: _____ Weight: _____

What are we seeing you for today? _____

Right or Left? (if applicable) _____

Medications and dose:

Allergies: _____

Medical history:

YES NO

YES NO

Rheumatoid/osteoarthritis			Kidney trouble		
Asthma			Liver disease/hepatitis		
Bleeding disorder			Intestinal bleeding		
Blood clots			Stomach ulcer or reflux		
Cancer			Peripheral vascular disease		
Diabetes			Scarring tendency		
Gout			Bipolar disorder		
Heart attack			Anxiety/depression		
Coronary artery disease			Stroke		
High blood pressure			Swelling in feet or legs		
High cholesterol			COPD/emphysema		
Irregular heart beat			Parkinson's, MS or brain injury		

Past surgeries and date of surgery:

Family history: Adopted/Unknown? (Please circle if applicable)

	Mother	Father	Sister	Brother	Aunt	Uncle	Grand-mother	Grand-father
Diabetes								
Heart disease								
Cancer								
Arthritis								
Stroke								
High blood pressure								
Clotting/bleeding disorder								
Anesthesia problems								
Thyroid disease								
Kidney disease								

Social history:

Do you smoke? Yes / No How many packs per day? _____ How many years? _____

Do you use smokeless tobacco? Yes / No

Do you drink alcohol? Yes / No What type? _____ Drinks per week? _____

Do you use recreational drugs? Yes / No What type? _____

Pharmacy name: _____ Phone # _____

Location: _____