CAROLINA SPECIALTY CARE, PA

Birthplace:___

Patient History Form

Time of appointment:

Name:				Birthdate:	
LAST	FIRST	MIDDLE INITIAL			
Address:			APT#	Age: S	Sex: DF DM
				Telephone: Home)
CITY	STATE	E ZIP			
MARITAL STATUS:	ever Married	farried	Divorced	☐ Separated ☐	Widowed
Spouse/Significant Other: Al	live/Age De	ceased/Age	Ma	ijor Illnesses	
EDUCATION (circle highest level a	ittended):				
Grade School 7 8 9	10 11 12 Colle	ege 1 2 3	3 4	Graduate School	
Occupation			Numi	ber of hours worked/aver	age per week
Referred here by: (check one)		amily \square			Other Health Professional
Name of person making referral:					
The name of the physician providing					
Do you have an orthopedic surgeor					
Describe briefly your present sympt					
Describe bliefly your present symptom	101113.		Please sha	ide all the locations of voi	ur pain over the past week
				gures and hands.	
	78.7 8.8		Example:		
Date symptoms began (approximat	e). Ex	ample		50	
		umpie	R-1		7 25
Diagnosis:		nv.	11-11	LEFT \	RIGHT 1
Previous treatment for this problem surgery and injections; medications		py,		11/ //- 1	11/ 1/1- 11/
			(1)		- 4/17
			203	4	
			APA	affa)-/	\-(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Please list the names of other pract	titionare vau have seen	for this	P. 1-1-1	1.161.19	
problem:	illioners you have seen	TOT CITIES	(38/11/)((
) /) ()	السالسة
			LEFT	RIGHT	
RHEUMATOLOGIC (ARTHRITIS) I	HISTORY		1111	RGIII	
at any time have you or a blood rela		owing? (check if	'ves")		
Yourself	Relative	Yo	urself		Relative
	Name/Relationsh	nip			Name/Relationship
Arthritis (unknown typ	ne)			Lupus or "SLE"	
Osteoarthritis				Rheumatoid Arthritis	
Gout				Ankylosing Spondylitis	
				Osteoporosis	
Childhood arthritis				Osteoporosis	