



Orthopaedic Specialists of New Orleans, APMC

Dr. Richard L. Meyer, Jr., M.D.
Board Certified Orthopaedic Surgeon

MEDICAL HISTORY

NAME: Today's Date

Date of Birth: Height: Weight:

Referring Physician:

Reason for visit:

Allergies:

PAST MEDICAL ILLNESS (Please check all that apply.)

Table with 5 columns of medical conditions: None, Cardiac Arrhythmia, Thyroid Disease, Depression, Breast Cancer, Anemia, Stroke, Convulsions/Seizures, Arthritis, Colon Cancer, Emphysema, Kidney Disease, Blood Clotting, Anxiety, Liver Cancer, Ulcers, Pneumonia, Sleep Apnea, Glaucoma, Lung Cancer, Asthma, Gout, High Blood Pressure, Hepatitis, Prostate Cancer, HIV, Heart Attack, Rheumatoid Arthritis, Diabetes, Other Cancer.

Other:

PREVIOUS SURGERIES

Three horizontal lines for entering previous surgeries.

SOCIAL HISTORY (Please check all that apply.)

Table with 5 columns for social history: Marital Status (Single, Married, Widowed, Divorced), History of Drug or Alcohol Abuse (Yes, No), Alcohol Consumption (Never, 1-5 Drinks/Week, 6-10 Drinks/Week, 11+ Drinks/Week), Tobacco Use (Currently Smoking, Never, Quit Smoking) with Packs/Day and Number of Years.

Occupation:

Table with 4 columns for occupation: Retired, Actively Employed, Unemployed.

MEDICATIONS

Two horizontal lines for entering medications.

Please indicate blood thinners you are taking: