ORTHONOW

BRET SOKOLOFF, MD

PAST SURGICAL HISTORY

Have you ever had any prior surgeries (from birth to current)? Yes ❑ (please check all surgeries) No ❑

❑ Appendectomy
❑ Arterial Bypass
❑ Back Surgery
❑ Bowel Surgery
❑ Defibrillator
❑ Dialysis
❑ Fracture Surgery
❑ Gall Bladder
❑ Heart Stent
❑ Heart Bypass
❑ Hip Replacement
❑ Knee Replacement
❑ Knee Scope
❑ Neck Surgery
❑ Nerve Surgery/Release
❑ Pacemaker
❑ Shoulder Scope
❑ Shoulder Cuff Repair
❑ Shoulder Replacement
❑ Other_____
❑ Other_____
❑ Other_____

MEDICATIONS

Have you received narcotics/pain medicine from another physician in the past 30 days? ❑ Yes ❑ No

LIST ALL PRESCRIPTIONS, OVER THE COUNTER DRUGS, AND VITAMINS

1. _____ Dosage:_____
2. _____ Dosage:_____
3. _____ Dosage:_____
4. _____ Dosage:_____
5. _____ Dosage:_____
6. _____ Dosage:_____
7. _____ Dosage:_____
8. _____ Dosage:_____

ALLERGIES

Do you have an allergy to LATEX? ❑ Yes ❑ No

Do you have any allergies to food? ❑ Yes ❑ No

1. _____ Reaction:_____
2. _____ Reaction:_____

Do you have any allergies to medicines? ❑ Yes ❑ No

1. _____ Reaction:_____
2. _____ Reaction:_____
3. _____ Reaction:_____

Patient Signature_____ Date:_____