

Medical History

Patient Name _____

- Is your condition a result of an accident from employment? Yes No
 Is your condition the result of an auto accident? Yes No
 Is your condition a result of any other type of accident? Yes No
 Is your condition congenital (from birth)? Yes No

Date of accident _____ State accident occurred _____

Type of accident _____

General Health Poor Fair Good Excellent

Level of amputation Left Right Bilateral
 Above Knee Below Knee Knee Disarticulation
 Hemipelvectomy Finger(s) Partial Hand
 Above Elbow Below Elbow Other _____

Cause of amputation _____ Date of Amputation _____

Height _____ Weight _____ Recent weight Gained _____ lbs Lost _____ lbs

Have you had or do you have any of the following?

- | | | |
|--|---|--|
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Alzheimer Disease |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> HIV Positive | <input type="checkbox"/> Psychiatric Problems |
| <input type="checkbox"/> Vascular Disease | <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Alcoholism |
| <input type="checkbox"/> Stroke <i>Date</i> _____ | <input type="checkbox"/> Obesity | <input type="checkbox"/> Pacemaker/Defibrillator |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Pulmonary Disease (TB) | <input type="checkbox"/> Hearing Loss |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Currently Pregnant |
| <input type="checkbox"/> Hepatitis A or B | <input type="checkbox"/> Parkinson Disease | <input type="checkbox"/> MRSA <i>Date</i> _____ |
| <input type="checkbox"/> Known Allergies (Including contact materials) _____ | | |

List any other conditions you feel might affect your treatment, including dates and descriptions of surgeries.

List any medications you are currently taking.
