# **TEXAS CENTER FOR JOINT REPLACEMENT**

Medical History Form

Patient Name:	Date of Birth:	Date:		
How would you describe your genera	I health Excellent Go	od Fair Poor		
Do you drink Alcohol Yes No Do you use Tobacco Yes No				
Have any of the following diseases or conditions occurred in your immediate family (parents or siblings)?         Arthritis       Heart Disease       Blood disorders       Kidney failure       Cancer         Previous Joint Replacement        Diabetes       Stroke				
Do you have any religious or other re surgery? Yes No	asons to refuse a blood transfusior	n if it became necessary with		

## PAST SURGICAL HISTORY

	Year
O Appendectomy	
O Arthroscopy Knee	
O Arthroscopy Hip	
O Arthroscopy Shoulder	
O Back surgery	
O Balloon angioplasty	
O Bladder surgery	
O Brain surgery	
O Breast surgery	
O Cardiac valve replacement	
O Carpal tunnel syndrome	
<ul> <li>Cataract surgery</li> </ul>	
O Cesarean section	
<ul> <li>Colon surgery</li> </ul>	
O Gall Bladder surgery	
O Gastric Bypass	
O Heart Bypass	
O Heart surgery	
O Hemorrhoidectomy	
OTHER SURGERIES	

	Year
O Hernia repair	
O Hip surgery	
O Hysterectomy	
O Intestinal surgery	
<ul> <li>Kidney stone surgery</li> </ul>	
O Knee surgery	
O LASIK	
<ul> <li>Mastectomy</li> </ul>	
O Neck surgery	
O Pacemaker	
O Prostate surgery	
O Shoulder surgery	
O Stent placement	
O Thyroidectomy	
O Tonsillectomy	
O Vascular surgery	
O Vein surgery	

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## PAST MEDICAL HISTORY

## CARDIOVASCULAR

- O Aortic Stenosis
- O Atrial Fibrillation/Irregular heartbeat
- O Carotid artery disease
- O Chest pain
- O Congestive Heart Failure
- O Coronary Artery Disease
- O Elevated cholesterol/Triglycerides
- O Heart attack (MI)
- O Heart murmur/other heart valve issues
- **O** High blood pressure

#### METABOLIC

- O Diabetes Mellitus, Type I
- O Diabetes mellitus, Type II
- O Hypoglycemia (low blood sugar)
- O Thyroid disease

#### GASTROINTESTINAL

- O Colitis
- O Crohn's disease
- O Diverticulosis/Diverticulitis
- O Gall bladder problems
- O Heartburn/Reflux
- O Liver disease
- **O** Pancreatitis
- **O** Ulcers

## MUSCULOSKELETAL

- Ankylosing spondylitis
- O Back/neck pain
- O Fibromyalgia
- O Gout
- O Osteoporosis
- O Paget's disease
- **O** Perthes disease
- **O** Inflammatory arthritis
- **O** Sciatica
- **O** Scoliosis
- **O** Systemic Lupus

#### NEUROLOGICAL

- O Alzheimer's disease/Dementia
- O Carpal tunnel syndrome
- **O** Chronic headaches
- O Foot drop/other Paralysis
- **O** Migraines
- O Neuropathy
- **O** Numbness
- O Parkinson's disease
- O Seizures (Epilepsy)
- O Stroke
- **O** Tremor

### BLOOD

- O Anemia
- O Blood clots/DVT

- O Hemophilia/Free bleeder
- Prior blood transfusions
- O Pulmonary embolism
- O Sickle cell anemia

### RESPIRATORY

- **O** Asthma
- **O** Bronchitis
- O Chronic Obstructive Pulmonary Disease(COPD)/Emphysema
- **O** Pneumonia
- O Sleep apnea

### PSYCHOLOGICAL

- Alcohol abuse/dependence
- O Anxiety disorder
- O Bipolar/manic depressive disorder
- Depression
- O Drug use/dependence

#### INFECTIONS

- O Hepatitis
- O Herpes
- **O HIV/AIDS**
- **O** Malaria
- **O** Rheumatic Fever
- **O** Tuberculosis
- O Wound infection/Non-healing wounds

#### **URINARY**

- O Bladder prolapse
- O Difficulty placing urinary catheter
- O Kidney disease
- O Kidney stones
- O Night time urination
- **O** Prostate trouble
- O Urinary incontinence

### EYES/EARS/NOSE/SKIN

- **O** Cataracts
- O Eczema
- O Glaucoma
- O Hearing loss/aids

BONE FRACTURES

O List type

- O Nose bleeds
- O Psoriasis
- O Skin breakdown/skin ulcers

OTHER ILLNESSES NOT LISTED

0 0\_\_\_\_\_

**O** Skin infections

#### CANCER O List type