

Collier Sports Medicine and Orthopaedic Center
 Carroll E. English, MD, FAAOS and James J. Guerra, MD, FAAOS, FACS
 11181 Health Park Blvd, Suite 2220
 Naples, FL 34110

Welcome to our Practice Please fill out completely

MEDICAL HISTORY FORM

NAME: _____ SOCIAL SECURITY#: _____
 DATE: _____ OCCUPATION: _____

CHIEF COMPLAINT

WHY ARE YOU SEEING THE DOCTOR TODAY? _____

CURRENT PROBLEM IS THE RESULT OF: CIRCLE ALL THAT APPLY

WORK ACCIDENT CAR ACCIDENT SPORTS INJURY OTHER INJURY OR ACCIDENT NOT INJURY RELATED

REVIEW OF SYSTEMS

ARE YOU CURRENTLY HAVING OR HAVE YOU HAD PROBLEMS WITH: CIRCLE YES OR NO AND DESCRIBE ALL "YES" RESPONSES:

	YES	NO	DESCRIBE ALL YES ANSWERS
Eyes			
Ears, Nose, Throat			
Lungs/Respiration			
High Blood Pressure			
Heart Disease			
Diabetes			
Digestion/Gastrointestinal			
Numbness/Tingling			
Skin Diseases			
Cancer			
Arthritis			
Allergies			
Drug Allergies			

WHO IS YOUR MEDICAL DOCTOR _____ MEDICAL DOCTOS PHONE# _____
 WHAT MEDICATION ARE YOU PRESENTLY TAKING _____
 WHAT IS YOUR HEIGHT _____ WHAT IS YOUR WEIGHT _____

PAST MEDICAL/FAMILY/SOCIAL HISTORY

SURGERIES/HOSPITALIZATIONS/ILLNESS	YEAR
_____	_____
_____	_____
_____	_____

FAMILY MEMBER	ALIVE	DECEASED	AGE	HEALTH STATUS OR CAUSE OF DEATH
Father				
Mother				
Sisters/Brothers				

Do You Smoke? YES NO _____ Packs per day for _____ years

Do You Drink Alcohol Rarely Society Daily

IF YOU ARE SEEING THE DOCTOR FOR A CONDITION THAT RESULTED FROM AN ACCIDENT OR INJURY, PLEASE PROCEED TO BACK SIDE OF THIS FORM

REVIEWED BY _____ M.D. DATE _____