

# Medical History Form

Full Name:					
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**Please circle YES if you have or NO if you do not have any of the medical conditions listed:**

Angina (chest pain)	YES	NO	HIV / AIDS	YES	NO
Heart attack	YES	NO	Cancer	YES	NO
Hypertension (high blood pressure)	YES	NO	Seizures	YES	NO
Diabetes (high blood sugar levels)	YES	NO	Thyroid problems	YES	NO
Renal disease (kidney disease)	YES	NO	DVT (blood clots in the leg)	YES	NO
Respiratory illness (lung problems)	YES	NO	PE (blood clots in the lung)	YES	NO
Bleeding disorder	YES	NO	Difficulties with anaesthesia	YES	NO
Hepatitis (liver disease)	YES	NO			

Other: \_\_\_\_\_

**List any operations you have had in the past:**


**Did you suffer any major complications after previous operations?**


**List any medications you are currently taking:**


**Do you have any allergies?**


Do you smoke?	NO	YES	No. of cigs each day:	When did you quit?
Do you drink any alcohol?	Never		Rarely	No. of drinks each day:
Have you ever used intravenous drugs?				YES      NO

## Shoulder/Elbow Questionnaire

Hand Dominance (Please Circle): \_\_\_\_\_ Right / Left / Ambidextrous

Date your shoulder / elbow problem began: \_\_\_\_\_

Were you injured at work? \_\_\_\_\_ Yes / No

In your own words, please describe your current shoulder / elbow problem:


If you have had an injury, please describe it in detail:


Do you currently have problems with any of the problems listed below. If so, please describe:

Shoulder / Elbow stiffness: \_\_\_\_\_

Shoulder / Elbow weakness: \_\_\_\_\_

Shoulder / Elbow instability: \_\_\_\_\_

Have you had any operations on your shoulder / elbow? Please list procedure & date:


Have you had any cortisone injections around your shoulder / elbow? If so, how many?:


This includes-

- Your contact details
- Insurance/compensation details (including insurance company, claim number, case manager's name, their direct phone number and fax number)
- Information about your current shoulder/elbow condition
- A medical history form

**We invite you to print these forms, complete and bring them with you to your consultation with Dr Duckworth.**