

PATIENT HANDBOOK AND JOURNAL

MEDICAL HISTORY

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MEDICAL HISTORY



MEDICAL INFORMATION SHEET

Name

Date of Birth

Allergies (Food or drug and the reactions they cause): For example, shellfish, corn, aspirin, latex, betadine, soaps, etc.

Medical Conditions:

Past Surgeries: (everything counts, such as tonsillectomies, etc.)

Physicians seen on a regular basis:

MEDICATIONS

You are to continue to take your medications as they have been prescribed.

It is important that you are honest and identify all drugs that you are taking. List all medications that you are taking, including but not limited to, diet pills, over the counter medications such as baby aspirin, multi-dose vitamins, Pepcid, herbal supplements, and minerals. This is important so that any interaction with other drugs during your surgery can be avoided.

Name of Medications	Dose	Taken how often?

What else do you want your care givers to know about you:

Phobias, such as needles, hospitals, white coat syndrome, sight of blood, etc.

Does your Care Coach know that you have selected have any phobias?

Journal entries and questions about Medications:
