



# All-Star Orthopaedics and Sports Medicine

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Referred by: \_\_\_\_\_

## **Family/Social History Bubblesheet**

Please indicate answers by completely filling in the applicable circles.

### **Family History**

Please indicate family history below:

**Father:**  Living  Deceased  Unknown?

Major Medical Conditions (mark all that apply):

- none
- arthritis
- heart disease
- high blood pressure
- cancer
- stroke
- nerve problems
- anesthesia complications
- diabetes
- spine problems
- blood problems (blood clots/anemia/abnormal bleeding)

**Mother:**  Living  Deceased  Unknown?

Major Medical Conditions (mark all that apply):

- none
- arthritis
- heart disease
- high blood pressure
- cancer
- stroke
- nerve problems
- anesthesia complications
- diabetes
- spine problems
- blood problems (blood clots/anemia/abnormal bleeding)

### **Social History**

Please indicate social history below:

Marital Status:  Single  Married  Widowed  Divorced

Alcohol Consumption (drinks/week):  none  less than 1  1-2  3-6  7-10  more than 10

Do you smoke tobacco:  YES  NO

If YES, how many packs/day?  less than 1  1  2  3  more than 3

Do you chew tobacco:  YES  NO

Have you used drugs other than those for medical reasons in the past 12 months?  YES  NO

Describe your level of physical activity:

- Inactive - just daily physical activity
- Light Physical Activity - some walking/gardening/occasional weekend recreational activity
- Moderate Physical Activity - regular (3x per week) moderate exercise and occasional weekend sports
- Vigorous Physical Activity - regular (3-5x week) vigorous exercise and/or sports activity
- Intense Physical Activity - competitive vigorous sports training