



Form# HW-3441-LV

Org. 10/15 Rev. 8/20

Armstrong Orthopedic Associates
77 Glade Drive Kittanning, PA 16201
(724) 545-2200 (PHONE) (724) 545-2600 (FAX)

Date of Appointment _____

PATIENT INFORMATION

First Name _____ Last Name _____ Date of Birth _____

Sex _____ Marital Status _____ Email address _____

Street Address _____ City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

Emergency Contact Name & Phone _____

Family Physician & Practice Name _____

Were you referred to our practice? YES NO By Whom: _____

EMPLOYMENT

Employer _____ Occupation _____

Employer Address _____ Phone () _____

ORTHOPEdic CONCERNS / SYMPTOMS

Reason for today's visit _____ When did symptoms begin? _____

What are your goals for today's visit? _____

Current Height: _____ Current Weight: _____

MEDICAL AND SURGICAL HISTORY

Present Medical Issues _____

Previous Surgeries _____

First Name _____ Last Name _____ Date of Birth _____

MEDICATIONS AND ALLERGIESCurrent Medications _____

ALLERGIES to Medications _____

Do you have a metal allergy? YES NO

Do you have a latex allergy? YES NO

SOCIAL AND FAMILY MEDICAL HISTORY

Do you use tobacco? YES NO Circle all that apply: CIGARETTES CIGARS CHEWING VAPE

How much tobacco per day _____ How many years _____

Do you drink alcohol? YES NO How many per day _____ week _____ What type _____

Social or intravenous drug use? PAST PRESENT NEVER

Have you ever been enrolled in pain management? YES NO Are you currently? YES NO

Any known diseases that run in your family? _____

ADDITIONAL HISTORY / SYMPTOMS (Check box if YES)**General**

- Fever
- Chills
- Headache
- Weight change

Ophthalmologic

- Vision problems

Endocrine

- Diabetes

Respiratory

- Shortness of breath

Cardiovascular

- Heart problems

Gastrointestinal

- Decreased appetite
- Heartburn
- Nausea

Hematology/Lymphatic

- Bleeding disorder

Genitourinary

- Urinary problems

Musculoskeletal

- Arthritis
- Painful joints
- Osteoporosis

Peripheral Vascular

- Phlebitis/DVT/Blood clots
- Hardening of arteries/PVD

Neurologic

- Epilepsy
- Dizziness
- Fainting
- Paralysis
- Stroke