

SOMERS ORTHOPAEDIC SURGERY & SPORTS MEDICINE GROUP, P.L.L.C.

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Newburgh, NY 12550
(845) 565-1454

657 E. Main St., Ste. 3
Mt. Kisco, NY 10549
(914) 666-5550

MEDICAL HISTORY QUESTIONNAIRE

SOCIAL HISTORY		OCCUPATION _____	
Smoker: <input type="checkbox"/> No <input type="checkbox"/> Yes		EMPLOYER _____	
Packs / Cigars per day _____ for _____ months / years		Do You live alone? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Alcohol:		If No, with who? _____	
Never <input type="checkbox"/> Rarely <input type="checkbox"/> Social (1 or 2 times a month)			
Daily (1 or more per day)			

FAMILY HISTORY

	If Living		If Deceased	
	Age	Health	Age at Death	Cause
Father				
Mother				
Brother / Sister				
1.				
2.				
3.				
Husband / Wife				
Son Daughter				
1.				
2.				
3.				

NOTE
This is a Confidential Record of your Medical History and will be maintained by Somers Orthopaedic Surgery & Sports Medicine Group, P.L.L.C. Information contained here will not be released to any person without your Authorization.

To the best of my knowledge, the questions in this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (my child's) health. It is my responsibility to inform the Physician of any changes in my (my child's) medical status.

I also authorize Somers Orthopaedic Surgery & Sports Medicine Group, P.L.L.C. to perform the necessary health care services I (my child) may need.

PATIENT / AUTHORIZED REPRESENTATIVE / PARENT / LEGAL GUARDIAN - SIGNATURE DATE

PHYSICIAN'S REVIEW SIGNATURE DATE