Rodney Z. Wong, M.D.

Orthopedic Surgery & Sports Medicine

H&P

Last Name: _____ First Name: _____ DOB: _____ ☐M ☐F

DOS: _____ Facility: _____ Height: _____ Weight: _____

Diagnosis:_____

Procedure: _____

PCP: _____ Phone #: _____

Y	N	DO YOU HAVE OR EVER HAD?	COMMENTS
		1. Heart problems; heart attack, valve, pacemaker, chest pain? Last EKG?	
		2. High blood pressure?	
		3. Breathing problems; emphysema, asthma or shortness of breath?	
		4. Tuberculosis?	
		5. Diabetes? (high blood sugar)	
		6. Kidney problems?	
		7. Hepatitis or jaundice?	
		8. Seizures, weakness, black out spells migraines, aneurisms?	
		9. Depression, anxiety attacks, Psychiatric conditions?	
		10. Bleeding or clotting problems?	
		11. Any major surgeries or operations?	
		12. Any other major illness like; cancer, lupus, HIV?	
		13. Any reactions to local anesthetic or any family history of such reactions?	
		14. Any allergies to latex, iodine, adhesive tape or any drugs?	
		15. **FEMALES:** any possibility that you may be pregnant? Last menstrual period?	
		16. Do u smoke? Y N / Use alcohol? Y N Use recreational drugs? Y N (if yes, How often?)	
		17. Do you have dentures?____ / Caps?_____ Loose teeth?_____ / Hearing aid?_____ Contact Lenses?_____ / Claustrophobia? _____ Mobility Problems?_____ / Other: _____	
		18. Do you have your post operative medication?	
		19. Other?	