



**MOHAWK VALLEY**  
**ORTHOPEDIC ASSOCIATES**  
*A service of Fulton-Montgomery Medical P.C.*

## HEALTH HISTORY

*Confidential*

**Name:** \_\_\_\_\_

**Height:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Primary Care Provider:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Cardiologist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Please list any medical conditions you have (ex: high blood pressure, heart problems, diabetes):**

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### Current Medications

1.	4.
2.	5.
3.	6.

**Medication allergies:** \_\_\_\_\_

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**Latex Allergy:** Yes No **Current Smoker?** Yes No **Have you ever smoked?** Yes No

**Pharmacy:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### Operations

Date of last bone density scan: \_\_\_\_\_

Date of work injury? \_\_\_\_\_ Currently working? Yes No

Date of automobile accident? \_\_\_\_\_ Date of injury? \_\_\_\_\_