

Paul A. Dowdy, M.D.
 Board Certified in Orthopaedic Surgery
 Specializing In Sports Medicine, Arthroscopic
 Surgery, Knee & Shoulder Reconstruction

MEDICAL HISTORY

(863) 421-7411
 Fax (863) 421-4247
 40124 Hwy. 27, Suite 101
 Davenport, FL 33837

Date: _____

Patient Name: _____ Date of Birth: _____ Sex: _____

HEALTH HISTORY OF THE PATIENT

	Yes	No
Stroke		
Heart Trouble		
High Blood Pressure		
Diabetes		
Arthritis		
Gout		
Seizures		
Mental Illness		
Kidney Trouble or Stones		
Cancer		
Bleeding Disorders		
Alcoholism		
Serious Injuries		
Lung Disease		
Tuberculosis		
Phlebitis		
Anemia		
Stomach Ulcers		
Liver Trouble		
Thyroid Trouble		
Other Illnesses		

Explain all Yes answers:

Surgical Procedures (include Approx. dates):

Current Medications and Dosage:

Allergies to Medicine: (None)

FAMILY HISTORY

	Yes	No
Stroke		
Heart Trouble		
High Blood Pressure		
Diabetes		
Arthritis		
Gout		
Seizures		
Mental Illness		
Kidney Trouble or Stones		
Cancer		
Bleeding Disorders		
Alcoholism		
Other		

SOCIAL HISTORY

Do you work? Yes No

Occupation: _____

Married Single Divorced

Number of Children Living: _____

Number of Pregnancies: _____

Presently Living Alone? Yes No

Smoke: Yes No
 _____ packs per day.

Alcohol: Never Occasional
 Moderate to Heavy

Illicit Drug Use: None Presently
 Past Problem

REVIEW OF SYSTEMS

Have you recently had or do you now have:

	Yes	No
Reading Glasses		
Change of Vision		
Loss of Hearing		
Ear Pain		
Hoarseness		
Nosebleeds		
Difficulty Swallowing		
Morning Cough		
Shortness of Breath		
Chills or Fever		
Heart or Chest Pain		
Abnormal Heartbeat		
Badly Swollen Ankles		
Calf Cramps with Walking		
Poor Appetite		
Toothache		
Gum Trouble		
Nausea or Vomiting		
Stomach Pain		
Ulcers		
Frequent Belching		
Frequent Loose Bowel Movements		
Blood in Bowel Movements		
Frequent Constipation		
Hemorrhoids		
Frequent Urination (pass water)		
Burning on Urination		
Difficulty Starting Urination		
Difficulty Stopping Urination		
Get Up Every Night To Urinate		
Frequent Headaches		
Blackouts		
Seizures		
Frequent Rash		
Hot or Cold Spells		
Recent Weight Change		
Nervous Exhaustion		
Insomnia		
Depression		
Nervous Tension		
Women Only:		
Irregular Periods		
Vaginal Discharge		
Frequent Spotting		