

MEMORIAL ORTHOPAEDIC SURGICAL GROUP
A MEDICAL CORPORATION

MEDICAL UPDATE HISTORY

NAME: _____

DATE: _____

LAST VISIT DATE: _____

What is being re-examined today?: _____ What side? RIGHT LEFT

Please describe your present complaints and how your symptoms have changed since your last visit for this problem:

Do you feel your symptoms have IMPROVED ARE THE SAME or ARE MORE SEVERE since your last visit here?
PLEASE EXPLAIN: (Please include and explain any incident that may have aggravated this problem and/or any **NEW PROBLEMS** this may be creating, such as to another part of your body):

Have you seen a doctor for this problem since your last visit here? YES NO

NAME: _____

ADDRESS: _____

TREATMENT: _____

DIAGNOSIS: _____

RECOMMENDATIONS: _____

Are you currently taking any medications for this problem? YES NO If so, are they helpful? YES NO

WHAT KIND? _____

Have you lost time from work since your last visit here because of this problem? YES NO

DATE LAST WORKED: _____

Since your last visit here, have you had any new injuries, accidents, serious illnesses, or new medical problems diagnosed? YES NO IF SO PLEASE EXPLAIN:

(INDUSTRIAL PATIENTS) PLEASE GIVE WORK STATUS. ARE YOU PRESENTLY WORKING? YES NO
IF SO, ARE YOU WORKING YOUR REGULAR WORK DUTIES? YES NO OR HAVE YOUR DUTIES BEEN
MODIFIED? EXPLAIN. (PLEASE MENTION ANY WORK ACTIVITIES YOU ARE PERFORMING THAT SEEM TO BE
AGGRAVATING YOUR PROBLEM AND EXPLAIN):

Patient Signature: _____

Date: _____