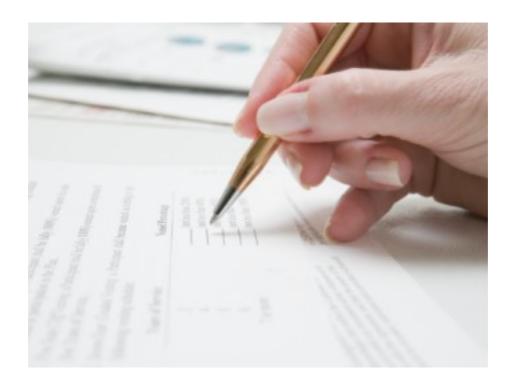


## Δρ. Χρήστος Κ. Γιαννακόπουλος

Ορθοπαιδικός Χειρουργός, Διδάκτωρ Πανεπιστημίου Αθηνών

## Medical History Form



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My Name	Date of Birth/My Age				Today's Date			
Medications I am currently taking:		☐ I am	currentl	y taking no medic	ations regu	ılariy		
Medication		Dosage	(ma)	How often I take		or my:		
		zoongo	(9/			····y·		
Medical conditions that I have: □ No medical problems I know of								
High blood pressure			RD			Rheumatoid arthritis Osteoporosis/brittle bones Stroke/CVA Jeuropathy Depression		
Allergies I have to medications:  I have no known allergies to any medications  Type of reaction I had (rash, nausea, stopped breathing, etc.)								
Operations I have undergone in the past:								
Appendectomy	Heart surgery Shoulder surgery							
☐ Tonsillectomy	Cardiac catheterization							
☐ Vasectomy	Cardiac stent placement  Previous bone or joint surgery:				nt surgery:			
C-Section	Colonoscopy/endoscopy							
Other Surgeries I have undergor	ne/more info:							
Family Medical History:								
Medical problem:	In my (mother, father,	etc.):	Medica	l problem:		In my:		
☐ High blood pressure	, ,,,	,-		eoarthritis		,		
☐ High cholesterol				eumatoid arthritis				
☐ Heart problems				er joint problems				
☐ Diabetes				eoporosis/brittle b	ones			
Asthma				ıropathy				
☐ Blood clot formation/DVT				neimer's				
☐ Bleeding problems			☐ Car					
Anesthesia problems			Oth	er:				
☐ Stroke/CVA			Oth	er:				

I am active in:							
☐ No specific sports or exercise	☐ Cycling	□ Basket	thall	☐ Gymnastics			
☐ Walking for fitness	☐ Mountain bil		.baii	Skiing			
Exercising at the gym	Hiking	Tennis	i	☐ Snowboarding			
☐ Weight training	Baseball/So	, —		Dance/cheer			
Running	Soccer	Lacros		Other:			
Swimming	Football	Hocke					
				•			
Alcohol Use:	Tobac	co use:		Recreational drug use:			
☐ None/ rarely	☐ I dor	ı't smoke		None			
1-2 drinks/week	☐ I qu	Occasionally					
1-2 drinks/day		Regularly					
Three or more drinks/day		o 1 pack/day	Drugs I commonly use:				
Difficulty with heavy alcohol use in the	e past 📗 2 or	more packs/day					
Review of systems:			experience	(check only if yes):			
Seasonal allergies/hayfever	Decreased hea		Heada				
☐ Dermatitis	Ringing in the	ears		ch difficulty			
Frequent itching	Dizziness		Stroke				
☐ Skin reactions	Hoarseness			Numbness, tingling			
Reactions to Latex/rubber gloves	Sinusitis			Seizures/epilepsy			
Runny nose	Describe:			ce problems, falls			
Describe:	□ Didid		Describe				
П г	☐ Bleeding tende	ncy					
☐ Fever	<ul><li>Easy bruising</li><li>Lymph node er</li></ul>	Jargamont	ı —	☐ Double vision☐ Blurry vision			
☐ Fatigue ☐ Unexplained weight loss	☐ Anemia	liargement		_ ,			
Weakness all over	Describe:			☐ Eye trauma ☐ I wear glasses/contacts			
Describe:	Describe.			Describe:			
Describe.			Describe	•			
☐ Chest pain	Abdominal pair	1	☐ Mood	swings			
☐ Heart palpitations	Nausea			☐ Sleep problems			
Rapid heart beats	Stomach ulcers	s/reflux		Depression			
☐ Irregular heart beats	Heartburn/indig	estion	I — ·	Anxiety			
☐ High blood pressure	Appetite chang	е	☐ Subst	☐ Substance abuse			
Describe:	☐ Change in bow	el habits	☐ Heavy	☐ Heavy alcohol use/drinking			
	☐ Diarrhea Describe:						
Changes in skin color	Constipation						
Skin rashes	Loss of appetite	9		Shortness of breath			
Skin masses	Describe:			Asthma			
Skin sores/ulcers				Bronchitis			
Skin cancers	Dono fre -1			Chronic lung problems			
Describe:	☐ Bone fractures		Describe:	Chronic cough			
Frequent thirst	☐ Joint sprains		Describe				
- ·	☐ Joint swelling		Difficu	Ilty passing uripo			
☐ Frequent hunger ☐ Hyperactivity	<ul><li> Low back pain</li><li> Joint stiffness</li></ul>			☐ Difficulty passing urine ☐ Incontinence			
Hypoactivity	Osteoarthritis			Frequent urination			
Growth changes	Rheumatoid an	thritis		Urinary tract infections			
Hair changes	Fibromyalgia	аниз		Painful menstruation/PMS			
Describe:	Describe:		ı —	Describe:			
-=							
Here's why I want to get this trea	ted:						
relief from the pain		ack to exercising, like:	: 11	get back to sports, like:			
get back to normal day to day living							
heavy work on the job							
Other:			-				