Sebastopol Orthopaedics
& Sports Medicine

Dr. Michael Bollinger, MD
Dr. Bruce Bragonier, MD

HEALTH QUESTIONNAIRE

Patient Name: _____ DOB: _____

Marital Status: □ Single □ Married □ Divorced □ Separated □ Widowed □ Other: _____

Name & Location of Pharmacy you use: _____

Your Occupation: _____

How did you hear about us? □ Referred by Doctor □ Referred by Insurance □ Friend/Relative □ Internet □ Seminar

Reason for visit today? _____

How and when did the problem(s) begin? _____

_____

Social History:

Do you smoke? □ No □ Quit (date)_____ □ Yes packs/day_____ for_____

Alcohol: □ Never □ Occasional □ Moderate □ Heavy □ Quit (date)_____

Dominant Hand: □ Left □ Right

Medical History: Height _____ Weight_____

Past surgeries and dates: _____

_____

_____

Past medical history: _____

_____

_____

Present medications: _____

_____

_____

Medication Allergies: □ None _____

_____

Family History:

Cancer:	□ No	□ Yes	□ Mother	□ Father
Blood Clots:	□ No	□ Yes	□ Mother	□ Father
Arthritis:	□ No	□ Yes	□ Mother	□ Father
Diabetes:	□ No	□ Yes	□ Mother	□ Father
Heart Disease:	□ No	□ Yes	□ Mother	□ Father

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11/22/14jl