CENTRAL FLORIDA BONE & JOINT INSTITUTE

2745 Rebecca Lane
Orange City, FL 32763
917 Rinehart Road, Ste 2031
Lake Mary, FL 32746

Phone: 386-775-2012
Fax 368-775-2013

OMR Yearly Update Form

Past Medical History

- ☐ None
- ☐ Anxiety Disorder
- ☐ Asthma
- ☐ Atrial Fibrillation
- ☐ Benign Prostatic Hyperplasia
- ☐ Bipolar Disorder
- ☐ Cerebrovascular accident
- ☐ Chronic Anemia
- ☐ Chronic Obstructive Lung Disease
- ☐ Chronic Pain
- ☐ Coronary Disease
- ☐ Deep Venous Thrombosis
- ☐ Depressive Disorder
- ☐ Diabetic on Insulin
- ☐ Disease Caused by Covid 19
- ☐ End Stage Renal Disease
- ☐ Epilepsy
- ☐ Essential Hypertension
- ☐ Gastroesophageal reflux
- ☐ Hypertension
- ☐ Primary Hyperparathyroidism
- ☐ History of radiation therapy
- ☐ HIV
- ☐ Hypercholesterolemia
- ☐ Hyperlipidemia
- ☐ Hyperthyroidism
- ☐ Hypothyroidism
- ☐ Inflammatory disease of liver
- ☐ Ischemic heart disease
- ☐ Leukemia
- ☐ Malignant lymphoma
- ☐ Breast Cancer
- ☐ Lung Cancer
- ☐ Prostate Cancer
- ☐ Morbid Obesity
- ☐ Multiple Myeloma
- ☐ Obesity
- ☐ Sleep Apnea
- ☐ Fibromyalgia
- ☐ Pulmonary Embolism
- ☐ Rheumatoid Arthritis
- ☐ Type 2 diabetes
- ☐ Other _____

Past Surgical History

- ☐ None
- ☐ Abdominoperineal resection
- ☐ Bypass of stomach
- ☐ Cesarean hysterectomy
- ☐ Coronary artery bypass
- ☐ Kidney transplant
- ☐ Skin cancer excision
- ☐ Colostomy
- ☐ Tubal ligation
- ☐ Appendectomy
- ☐ Mastectomy
- ☐ Cholecystectomy
- ☐ Colectomy
- ☐ Liver excision
- ☐ Angioplasty
- ☐ Heart valve replacement
  - ☐ Tissue
  - ☐ mechanical
- ☐ Prostatectomy
- ☐ Hysterectomy
- ☐ Joint replacement surgery
  - ☐ Shoulder
  - ☐ Knee
  - ☐ Hip
- ☐ Spine Surgery
  - ☐ Decompression
  - ☐ Laminectomy
  - ☐ Kyphoplasty
  - ☐ Fusion
- ☐ Arthroscopy
  - ☐ Shoulder
  - ☐ Knee
  - ☐ Hip
  - ☐ Ankle
- ☐ Hip fracture surgery
- ☐ Other
  _____
  _____
  _____

CENTRAL FLORIDA BONE & JOINT INSTITUTE

2745 Rebecca Lane
Orange City, FL 32763
917 Rinehart Road, Ste 2031
Lake Mary, FL 32746

Phone: 386-775-2012
Fax 368-775-2013

Preferred Pharmacy

Name:_____ Phone Number:_____

Address:_____

Medications

Please list ALL current medications (including over the counter medications) as well as the dose and frequency.

☐ Currently not taking any medication

Medication	Dose	Frequency

Allergies

Please list ALL known allergies including the type of reaction and severity

☐ No known drug allergies

Allergy	Reaction (ie anaphylaxis, hives, swelling)	Severity (ie mild, moderate, severe)

CENTRAL FLORIDA BONE & JOINT INSTITUTE

2745 Rebecca Lane
Orange City, FL 32763
917 Rinehart Road, Ste 2031
Lake Mary, FL 32746

Phone: 386-775-2012
Fax 368-775-2013

Vitals

Height: _____ (Feet and inches) Weight: _____ (pounds)

Social History

Please choose one from each category

Smoking Status :

- ☐ Current Smoker
  - Packs per day _____
- ☐ Former Smoke
  - How long ago did you quit? _____
- ☐ Never Smoker

Alcohol Intake :

- ☐ None
- ☐ Current
  - How many times per year do you drink more than 5 drinks in a day? _____
- ☐ Former

Exercise Frequency:

- ☐ None
- ☐ Few times a month
- ☐ Few times a week
- ☐ Once a day
- ☐ Never

Family History

Please list any medical conditions any of your first-degree relatives have or had before passing (mother, father, grandparents, siblings).

Example: Mother- Diabetes and Hypertension _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

CENTRAL FLORIDA BONE & JOINT INSTITUTE

2745 Rebecca Lane
Orange City, FL 32763
917 Rinehart Road, Ste 2031
Lake Mary, FL 32746

Phone: 386-775-2012
Fax 368-775-2013

Review of Systems

- ☐ Joint pain
- ☐ Joint swelling
- ☐ Joint stiffness
- ☐ Unsteady gait
- ☐ Numbness
- ☐ Tingling
- ☐ Dizziness
- ☐ Headaches
- ☐ Tremors
- ☐ Fatigue
- ☐ Unexpected weight loss
- ☐ Fever
- ☐ Chills
- ☐ Weight gain
- ☐ Poor healing wounds
- ☐ Redness
- ☐ Rash
- ☐ Itching
- ☐ scarring/keloids
- ☐ Easy bleeding
- ☐ Easy bruising
- ☐ Enlarged lymph nodes
- ☐ Immunosuppression
- ☐ Chest pain
- ☐ Palpitations
- ☐ Fainting
- ☐ Heart murmur
- ☐ Leg cramps
- ☐ Excessive thirst
- ☐ Heat/cold intolerance
- ☐ Nose bleeds
- ☐ Ringing in the ears
- ☐ Hoarseness
- ☐ Glasses/contact lenses
- ☐ Heartburn
- ☐ Nausea/vomiting
- ☐ Constipation
- ☐ Diarrhea
- ☐ Bloody/tarry stolls
- ☐ Frequent urination
- ☐ Difficult/painful urination
- ☐ Incontinence
- ☐ Shortness of breath
- ☐ Wheezing
- ☐ Cough/ hurts to breath
- ☐ Nervousness
- ☐ Anxiety
- ☐ Depression
- ☐ Hallucinations
- ☐ Blood thinners
- ☐ Pacemaker
- ☐ Defibrillator
- ☐ Premedication prior to procedure
- ☐ Rheumatoid arthritis
- ☐ RSD
- ☐ Allergy to shellfish or iodine
- ☐ Allergy to latex
- ☐ Allergy to adhesive
- ☐ Under pain management
- ☐ Pregnant/planning to become pregnant
- ☐ Recent international travel