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Orthopaedic Surgeon

CURRENT ORTHOPEDIC ISSUE(S)

Have you ever been treated for your present condition? ☐ Yes ☐ No

If yes, please list name of Doctor(s): _____

Have you had an X-RAY for this condition? ☐ Yes Location _____ ☐ No Have

you had an MRI for this condition? ☐ Yes Location _____ ☐ No Have you had

a CT SCAN for this condition? ☐ Yes Location _____ ☐ No Have you had an

EMG for this condition? ☐ Yes Location _____ ☐ No

Do you have an Attorney for this condition? ☐ Yes ☐ No

If yes, please give the name of the attorney _____

Is this related to a motor vehicle accident? ☐ Yes ☐ No

Is this related to a work injury? ☐ Yes ☐ No

PAST MEDICAL HISTORY

Bones/Joints:

- ☐ Arthritis (degenerative)
- ☐ Arthritis (rheumatoid)
- ☐ Lupus
- ☐ Psoriasis
- ☐ Lyme disease
- ☐ Degenerative spine
- ☐ Herniated discs
- ☐ Fractures
- ☐ Fibromyalgia
- ☐ Osteoporosis

Cancer:

- ☐ Bone Cancer
- ☐ Lung Cancer
- ☐ Prostate Cancer
- ☐ Breast Cancer
- ☐ Thyroid Cancer
- ☐ Paget's disease
- ☐ Leukemia
- ☐ Lymphoma
- ☐ Other Cancer

Head:

- ☐ Migraines
- ☐ Seizures

Heart:

- ☐ High Blood Pressure
- ☐ Coronary Artery Disease
- ☐ Heart Attack
- ☐ Irregular Beat
- ☐ Murmur
- ☐ Obesity

Lungs:

- ☐ Asthma
- ☐ Chronic Bronchitis
- ☐ COPD/lung disease
- ☐ Pulmonary Embolus
- ☐ Sleep Apnea

Kidneys:

- ☐ Urinary Tract Infections
- ☐ Kidney Stones
- ☐ Kidney Failure
- ☐ Dialysis

Gastrointestinal (GI):

- ☐ Colitis/Crohns
- ☐ Reflux Disease
- ☐ Stomach Ulcers
- ☐ Hepatitis A, B, C (Circle)

Psychiatric/Addiction:

- ☐ Alcoholism
- ☐ Prescription Addiction
- ☐ Illicit Drug Addiction
- ☐ Dementia/Alzheimer's
- ☐ Anxiety
- ☐ Depression
- ☐ Bipolar Disorder
- ☐ Schizophrenia
- ☐ Other Psychiatric

Vascular:

- ☐ Vascular Disease
- ☐ Blood Clots/DVT
- ☐ Edema
- ☐ Phlebitis
- ☐ Stroke

Endocrine/Blood:

- ☐ Diabetes
- ☐ High Cholesterol
- ☐ Thyroid Disease
- ☐ Sickle Cell Disease
- ☐ Anemia (low blood level)
- ☐ Bleeding disorder
- ☐ HIV/AIDS