

# ORTHOPEDIC ASSOCIATES OF LAKE COUNTY

7551 Fredle Drive • Concord, OH 44077 • Ph 440-350-9595  
 6550 North Ridge Rd. Suite 201 • Madison, OH 44057 • Ph 440-428-1944

**Patient Name** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please circle Yes or No to indicate if you are or have been experiencing any of the following medical conditions. Please feel free to discuss any of these problems during your appointment. Thank You!

Chills	Yes / No	Psoriatic Arthritis	Yes / No
Fever	Yes / No	Lupus	Yes / No
Night Sweats	Yes / No	Arthritis	Yes / No
Dizziness or Vertigo	Yes / No	Radiating Pain	Yes / No
Shortness of Breath	Yes / No	Joint Pain	Yes / No
Chest Pain or Discomfort	Yes / No	Joint Swelling	Yes / No
High Blood Pressure	Yes / No	Osteoporosis / Osteopenia	Yes / No
Change in Bowel Habits	Yes / No	Spinal Disease	Yes / No
Vitamin D Deficiency	Yes / No	Skin Discoloration	Yes / No
Diabetes	Yes / No	Blood or Bleeding Disorder	Yes / No
Urinary tract infection within past year	Yes / No	Blood Clots	Yes / No
Muscle Pain	Yes / No	Pulmonary Embolism	Yes / No
Recent Injury	Yes / No	Factor 5 Leiden	Yes / No
Cold Extremities	Yes / No	Neuropathy	Yes / No
Rheumatoid Arthritis	Yes / No	Tingling / Numbness	Yes / No

**Please list below any other problems you may be experiencing.**