NSPC
Brain & Spine Surgery
BENJAMIN R. COHEN, M.D., F.A.C.S.

Medical History

Name: _____ Date_____

I. What is the main complaint for which you are coming to this office?

_____
_____
_____

II. Present illness

- When did the problem start? _____
- Are you Right or Left handed? _____
- Has it become worse? _____ Better? _____ Same? _____
- If you have pain, does the pain travel? _____
- Is the problem constant? _____
- What, if anything makes it better? _____
- What, if anything makes it worse? _____
- What treatments have you had for this problem?

  _____
  _____
- Are there any other symptoms associated with your main problem?

☐ Headaches ☐ Numbness ☐ Weakness ☐ Bowel ☐ Bladder

III. Current Medications

- **Preferred Pharmacy Name: _____**
- **Preferred Pharmacy Address: _____**

Medication Name	Dose	Frequency

Allergies (please list all known allergies or check option which applies):

- ☐ I brought a copy of my allergy list (please provide the list to the front desk receptionist)
- ☐ No known allergies

Allergy Type	Please describe allergic reaction severity & symptoms

IV. SOCIAL HISTORY

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed How long? _____

Present Occupation: _____ How long? _____

Prior Work: _____

If Disabled: What was last date of work _____

Exposure to Occupational Disease: ☐ Yes ☐ No When _____

Travel _____

Do you Smoke? No Yes Packs per day _____ How Long? _____

Do you drink alcohol? No Yes How often? _____

V. Family History

Mother ☐ Living ☐ Healthy ☐Died at age_____ Cause_____

Father ☐ Living ☐ Healthy ☐Died at age_____ Cause_____

Past Medical History (please check all that apply):

- ☐ Anemia, Chronic
- ☐ Anxiety
- ☐ Asthma
- ☐ Atrial fibrillation
- ☐ Breast Cancer
- ☐ Chronic Pain
- ☐ Colon Cancer
- ☐ COPD
- ☐ Coronary Artery Disease
- ☐ Depression
- ☐ Diabetes, Insulin Dependent
- ☐ Diabetes, Non Insulin Dependent
- ☐ End Stage Renal Disease
- ☐ GERD
- ☐ Hepatitis
- ☐ HIV/AIDS
- ☐ High Cholesterol
- ☐ Hyperparathyroidism
- ☐ Hypertension
- ☐ Hyperthyroidism
- ☐ Hypothyroidism
- ☐ Leukemia
- ☐ Lung Cancer
- ☐ Lymphoma
- ☐ Multiple Myeloma
- ☐ Obesity, Morbid
- ☐ Obesity
- ☐ PBPH
- ☐ Prostate Cancer
- ☐ Radiation Therapy
- ☐ Seizures
- ☐ Stroke
- ☐ **None**
- ☐ Other_____

Past Surgical History (please check all that apply):

□ Appendix (Appendectomy)
□ Bladder Removed
□ Breast: Mastectomy
ο Right ο Left ο Both
□ Breast: Lumpectomy
ο Right ο Left ο Both
□ Colectomy: Colon Cancer Resection
□ Colectomy: Diverticulitis
□ Colectomy: IBD
□ Colon: Colostomy
□ Gallbladder Removal
□ Heart: Biological Valve Replacement
□ Heart: Coronary Artery Bypass Surgery
□ Heart Transplant
□ Heart: Mechanical Valve Replacement
□ Heart : PTCA
□ Kidney Stone Removal
□ Kidney Transplant
□ Liver: Liver Transplant
□ Liver: Shunt
□Ovaries Removed: Ovarian Cancer
□ Ovaries: Tubal Ligation
□ Pancreas: Pancreatectomy
□ Prostate Removed: Prostate Cancer
□ Prostate Removed: TURP
□ Rectum: Low Anterior Resection
□ Skin: Basal Cell Carcinoma
□ Skin: Melanoma
□ Skin: Skin Biopsy
□ Skin: Squamous Cell Carcinoma
□ Hysterectomy: Caesarean
□ Hysterectomy: Uterine Cancer
□ Hysterectomy: Cervical Cancer
□ Pancreas: Pancreatectomy
□ Rectum: APR
□ **None**
□ Other_____

Past Orthopedic History (please check all that apply):

□ Ankle Fracture
□ Ankylosing Spondylitis
□ Bursitis
□ DISH
□ Epidural Injections: Spine
□ Fracture
□ Gout
□ Hip Fracture
□HNP: Cervical
□ HNP: Lumbar
□ Osteoarthritis
□ Osteopenia
□ Osteoporosis
□ Primary Bone Sarcoma
□ Psoriatic Arthritis
□ Rheumatoid Arthritis
□ Ricketts
□ RSD
□ Sciatica
□ Scoliosis
□ Soft Tissue Sarcoma
□ Spinal Stenosis: Cervical
□ Spinal Stenosis: Lumbar
□ Vertebral Body Compression Fracture
□ Vitamin D Deficiency
□ Wrist Fracture
□ Metastatic Bone Disease
□ Spine Fracture
□ **None**
□ Other_____

Past Orthopedic Surgery (please check all that apply):

□ Ankle Fracture ORIF
ο Right ο Left ο Both
□ Carpal Tunnel Decompression
ο Right ο Left ο Both
□ Cervical Spine Surgery: ACDF
□ Cervical Spine Surgery: Disc Replacement
□ Distal Radius ORIF
ο Right ο Left ο Both
□ Intermedullary Nailing Femur
ο Right ο Left ο Both
□ Intermedullary Nailing Tibia
ο Right ο Left ο Both
□ Joint Replacement: HIP
ο Right ο Left ο Both
□ Joint Replacement: Knee
ο Right ο Left ο Both
□ Joint Replacement: Shoulder
ο Right ο Left ο Both
□ Knee Arthroscopy
ο Right ο Left ο Both
□ Kyphoplasty/ Vertebroplasty
□ Lumbar Spine Surgery: Decompression
□ Lumbar Spine Surgery: Decompression& Fusion
□ Lumbar Spine Surgery: Disc Replacement
□ Rotator Cuff Repair
ο Right ο Left ο Both
□ Other_____
□ **None**

a) **REVIEW OF SYSTEMS**

1. **HEAD:** ☐ Headache ☐ Dental Disease ☐ Earache ☐ Head Injury ☐ Upper Respiratory Infection ☐ Nose Bleed ☐ None

2. **RESPIRTORY TRACT:** ☐ Hoarse ☐Wheezing ☐Pneumonia ☐Bronchitis ☐TB ☐ Chronic Cough ☐ Spitting up blood ☐ None ☐ Other _____ Last Chest X-ray: _____

3. **CARDIAC:** ☐Angina ☐Hypertension (high blood pressure) ☐Arrhythmia ☐Heart Murmur ☐Palpitations ☐Edema ☐Enlarged Heart ☐None Last EKG _____

   Special Diagnostic Tests_____ Results_____

4. **GI (Gastro-**intestinal): ☐Anorexia ☐ Bowel habit Change ☐Nausea ☐Constipation ☐Jaundice ☐Cramps ☐Hemorrhoids ☐ Heartburn ☐Diarrhea ☐Abdominal Pain ☐Indigestion ☐Hernia ☐Hematemesis (Vomiting Blood) ☐Black or Bloody Stool ☐None ☐ Other_____

5. **GU (Genito-Urinary):**

a) **Male/Female**: ☐Dysuria (Difficulty Urinating) ☐Hematuria (blood in urine) ☐Facial Edema (swelling) ☐Nocturnia (urinating at night) ☐Urinary Retention ☐Frequency ☐Back Pain ☐Stones ☐None ☐Other _____

b) **Female**: Last Menstral Period _____

6. **Neuro- Muscular**: ☐Dizziness ☐ Abnormal Gait ☐Memory Problems ☐Syncope ☐Unconsciousness ☐Weak Spell ☐Vertigo ☐ Paresthesias (abnormal sensation) ☐Joint Pain ☐Convulsions ☐Tremor ☐Arthritis ☐None ☐ Other_____

7. **Emotional:** ☐Personality Change ☐ Nervous Breakdown ☐ Depressed ☐Psychiatric Treatment ☐None ☐ Other_____

8. **Symptoms or Diseases not listed:**
   _____
   _____

_____ _____

Patients Signature **Date**