

ADVANCED ORTHOPAEDIC INSTITUTE  
Office of Jeff Cartwright, MD  
103 E. Third St. Arlington, WA 98223  
360-403-0333/ 360-403-0331fax

Patient History and Medical Questionnaire Page 1 of 5

(Revised November 17, 2011)

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE: \_\_\_\_\_

How did you hear about Dr. Cartwright?: \_\_\_\_\_ Word of Mouth \_\_\_\_\_ Internet Search \_\_\_\_\_ Phone Book  
Other: (tell us how) \_\_\_\_\_

Were you referred to Dr Cartwright by another provider or patient?  
\_\_\_\_\_

Why are you here today? (reason for your evaluation): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*IMPORTANT:** For L&I claims please provide the following information:

Claim Number	Name of Case/Claim Manager
Date of Injury	Phone Number for Claim Manager
Name of Employer (for claim)	Name of contact at Employer
Name of Contact at Employer's office	Profession or Occupation

Who is your family doctor OR primary care provider? \_\_\_\_\_

Please list all doctors or other health care providers you have seen in the last twelve months:

Name of Health Care Provider to include Therapists, Chiropractors, etc	Reason for visit

**FAMILY HISTORY:** Please indicate which of your immediate family members has or had each of the following conditions. If none, please state.

	Father	Mother	Brother Or sister	Son or daughter
Heart disease, heart problems, hardening of the arteries, Heart attacks				
Diabetes				
Hypertension				




## ADVANCED ORTHOPAEDIC INSTITUTE

Office of Jeff Cartwright, MD

103 E. Third St.

Arlington, WA 98223 360-403-0333/ 360-403-0331fax

### Patient History and Medical Questionnaire Page 3 of 5

Have you ever had surgery, catheterization, or angioplasty to your heart or major blood vessels? (V15.1)	Yes	No
Have you ever had surgery to any major organ (liver, bladder, gall bladder, pancreas, stomach, intestines, brain, uterus, ovaries, testicles, prostate, etc)? (V15.2)	Yes	No
Have you ever been treated with radiation? (V15.3)	Yes	No

Are you allergic to or unable to tolerate any medicine, ointment, solution, or food?	Yes	No
Are you allergic to shellfish? (V15.04)	Yes	No
Are you allergic to eggs? (V15.03)	Yes	No
Are you allergic to latex or latex sensitive? (V15.07)	Yes	No
Do you have any other allergies that we should be aware of?	Yes	No

If yes to any of the above allergy questions, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you presently use tobacco products of any kind? (V15.82)	Yes	No
-If NO, have you ever used tobacco products of any kind?	Yes	No
-If YES, please explain: _____		
Do you drink alcohol?	Yes	No
-If YES, how often? _____ occasional _____ moderate _____ daily _____		
Do you use any recreational or illicit substances?	Yes	No
Are you _____ Married? _____ Divorced? _____ Widowed? _____ Single?		
Do you live alone?	Yes	No
Do you use any assistive devices (circle) such as:	Yes	No
-If YES, which? _____ Cane _____ Walker _____ Crutches _____ Wheelchair _____ Raised Toilet seat _____ Bedside commode _____ Shower chair _____ Reacher		
Do you use a care provider?	Yes	No

Please indicate whether you have suffered from any of the following conditions:

Circle the item which applies	Currently have	Previously treated for or diagnosed	Never
-------------------------------	----------------	-------------------------------------	-------

		<b>with</b>	
Eye problems: Burning (379.90), itching (379.90), dry eyes (375.15), double vision (368.2)?			
Teeth and Gums: ?			
Memory problems (780.99)?			
Skin problems such as psoriasis (696.0)?			
High blood pressure (401.1), stroke (V12.59)?			

## ADVANCED ORTHOPAEDIC INSTITUTE

Office of Jeff Cartwright, MD

103 E. Third St.

Arlington, WA 98223 360-403-0333/ 360-403-0331fax

Patient History and Medical Questionnaire Page 4 of 5

Circle the item which applies	Currently have	Previously treated for or diagnosed with	Never
History of easy bleeding, bleeding problems, easy bruising (286.9)?			
History of blood clots, phlebitis, or the need to take blood thinning medications (V12.52)?			
Heart attack (412), heart disease (429.9), chest pain (786.50), or hardening of the arteries (440.29)?			
Peripheral vascular disease (443.81), skin ulcers (707.1), wounds that heal slow (V12.59)?			
Poor circulation (443.81)?			
Weak heart or heart failure (428.9), enlarged heart (428.0), pacemaker (V45.01)?			
Rapid or irregular heart beat (427.89)?			
Asthma (493.00)?			
Difficulty breathing or shortness of breath (786.05)?			
Frequent, Recurrent, Chronic, cough (786.2)?			
Tuberculosis (010.00)?			
Night sweats (780.8)?			
Stomach or intestinal ulcers (533.70), heart burn (787.1)?			
Hepatitis or liver disease (571.40)?			
Unintentional weight loss (783.21) or gain (783.1) of greater than 10 lbs in the last year?			
Kidney stones (592.9), chronic kidney disease/ problems (585.9), kidney infections (590.9), bladder problems (596.9)?			
Scoliosis (737.30), other spinal deformity (737.40), spine operation, spine injury, fracture of the spine (721.7)?			
Frequent, Recurrent or Chronic infections (any kind) (136.9)?			
Frequent, Recurrent, Chronic, or Severe back ache or pain (low back 724.2, mid back 724.1), back spasm (728.85), sciatica (724.3), arthritis in mid back (721.2) or lower back (721.3), disc problems in the mid back (722.11) or in (722.10), or any other back problems (724.9)?			
Do you have a limp (781.2)?			
Frequent, Recurrent, or Chronic problems of either lower limb or any of the joints in the lower limbs (hip, thigh, knee, leg, ankle, foot, and/or toes) such as giving way (718.8X), locking (718.8X), swelling (719.0X),			

pain (719.4X), catching (718.8X), popping (718.8X), snapping (718.8X)?			
Diabetes (250.00)?			
Frequent, Recurrent, Chronic, depressed mood, emotional problems of any kind (296.90)?			
History of alcohol dependence or abuse (303.90). History of prescription drug or other drug dependence or abuse (304.90)?			
Shoulder (719.41) or neck pain (723.1)? Headaches? (784.0)?			
Rotator cuff problems (726.10)?			
Shoulder problems, shoulder instability (718.81)?			

## ADVANCED ORTHOPAEDIC INSTITUTE

Office of Jeff Cartwright, MD

103 E. Third St.

Arlington, WA 98223 360-403-0333/ 360-403-0331fax

### Patient History and Medical Questionnaire Page 5 of 5

Frequent, Recurrent, or Chronic problems of either upper limb or any of the joints in the upper limbs (shoulder, arm, elbow, forearm, wrist, hand, or fingers) such as giving way (718.8X), locking (718.8X), swelling (719.0X), pain (719.4X), catching (718.8X), popping (718.8X), snapping (718.8X)?			
Numbness, tingling, loss of sensation, or abnormal sensation in either arms, legs, or feet (782.0)?			
Problems which wake you at night or interfere with sleeping (780.52)?			
Frequent, Recurrent, or Chronic problems of either upper limb or any of the joints in the upper limbs (shoulder, arm, elbow, forearm, wrist, hand, or fingers) such as giving way (718.8X), locking (718.8X), swelling (719.0X), pain (719.4X), catching (718.8X), popping (718.8X), snapping (718.8X)?			
Osteoporosis, weak or thin bones (733.01). Do you feel that you have "shrunk" or lost height?			
Frequent (788.42) or painful urination (788.1)?			
Frequent, Recurrent, Chronic, or Severe weakness (728.87), neurologic disease, nerve problems, painful nerves, Parkinson's disease (332.0), dementia (290.9), multiple sclerosis (340)?			
Fibromyalgia (729.1), Chronic fatigue syndrome (780.71)?			
Lupus (710.0), sarcoidosis (135), polyarteritis nodosa (446.0), rheumatoid arthritis (714.0), scleroderma (710.1), Sjogren's disease (710.2), dermatomyositis (710.3), ankylosing spondylitis (720.0), psoriatic arthritis (696.0), Reiter's disease (099.3), hyperostosis of the spine (721.6)?			
Poor appetite (783.0), always thirsty (783.5), diarrhea (787.91), or bowel difficulties (787.99), frequent nausea (787.02), excessive flatulence or bloating (787.3), irritable bowel or IBS (564.1)?			
Use of Aspirin (V58.66), anti-inflammatory medication (V58.64) such as Ibuprofen (Advil, Motrin), Naproxen (Naprosyn, Aleve,) or other blood thinning medications (V58.61) such as Coumadin (Warfarin), Heparin, Lovenox, Plavix, etc.?			
Use of cortisone or prednisone (V58.65)?			

Use of insulin (V58.67)?			
Use of narcotic medications of any kind (V58.69)?			
History of abnormal CBC (Blood Count) or history of anemia (285.9)?			
Cancer or a tumor of any kind? (if yes, what kind, when diagnosed and current status) _____ _____			