Soldiers' MEMORIAL HOSPITAL Orillia

Patient Label

Musculoskeletal Rapid Access Clinic
Patient History

Occupation / Previous Occupation:_____
□ currently working □ retired □ not employed □ WSIB □ on disability benefit □ student □ other_____

Living Situation:

□ with a family member □ alone □ house □ apartment/condo □ retirement home □ nursing home

□ other _____ □ stairs to climb

Current Hobbies / Recreational Activities: _____

Height: _____ **Weight:** _____ **Dominant Hand:** □ right □ left

Please check if you have any history, past or present of the following:

□ Pacemaker/ ICD
□ High Blood Pressure
□ Heart Disease
□ Heart Attack
□ Diabetes Insulin □ Yes □ No
□ Kidney Disease
□ Liver Disease
□ Lung Disease
□ Asthma
□ Arthritis
□ Osteoporosis
□ Blood Clot
□ Anemia/ other Blood Disease
□ Circulation Problem
□ Sleep Apnea
□ Cancer
□ Mental Health Concern e.g. anxiety
□ Seizure Disorder
□ Ulcer/ Stomach Disease

□ Smoking; number per day _____ number of years _____ □ Quit _____
□ Marijuana use
□ Alcohol use; Quantity _____
□ Fall in the last 3 months
□ **Allergies:** please list_____

Current Medication List (or attach list of current medications from Pharmacy):

_____

_____

_____

_____

Previous Surgeries and Dates:

_____

_____

_____

_____

Reason for Today's Appointment: _____ **What treatment(s) have you had for your current joint problem?**

□ Medication □ Physiotherapy □ Exercise □ Weight loss □ Injections □ Bracing □ Walking aid

□ Rheumatologist □ Physiatrist □ Other_____

Patient Signature _____ **Date:** _____