

# GENERAL MEDICAL HISTORY

Horizon Prosthetics, LLC

6055 Lehman Drive, Suite 104 · Colorado Springs, CO 80918

(PLEASE PRINT CLEARLY)

Name: (F) \_\_\_\_\_ (M) \_\_\_\_\_ (L) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  Female  Male

Reason for Today's Visit: \_\_\_\_\_

Have you received prosthetic services within the last two years?  YES  NO

If yes, what services did you receive and when: \_\_\_\_\_

Do you have any allergies?  YES  NO

If yes, what type/s: \_\_\_\_\_

Have you been diagnosed with cancer?  YES  NO

If yes, what type/s: \_\_\_\_\_

Are you currently receiving chemotherapy treatment?  YES  NO

If yes, what type and how often: \_\_\_\_\_

Are you currently receiving radiation treatment?  YES  NO

If yes, what type and how often: \_\_\_\_\_

Have you been diagnosed with Diabetes?  YES  NO

If yes, what type and when were you diagnosed: \_\_\_\_\_

Have you been diagnosed with a Circulatory Condition? (i.e. PVD, Neuropathy, etc.)  YES  NO

If yes, what type and when were you diagnosed: \_\_\_\_\_

Has your body weight changed in the past year?  YES  NO

If yes, how has it changed (i.e. weight loss, weight gain, etc.): \_\_\_\_\_

Are you actively dieting at this time?  YES  NO

Do you plan to diet in the near future?  YES  NO

Do you exercise?  YES  NO

If yes, what type of exercises and how often: \_\_\_\_\_

Did you bring someone with you on today's visit?  YES  NO

If yes, please list all individuals: \_\_\_\_\_

We welcome friends and family to all visits. We are obligated to obtain accurate information about third-party individuals who accompany you to your visits. Please be aware that your medical information may be disclosed to your guests as a result of the treatment you receive. By allowing your guests into the treatment room with you, you are granting disclosure access of your medical information to such individuals. Thank you for your cooperation. - Horizon Prosthetics, LLC Staff

I hereby declare that I have answered the above questions truthfully and to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_