REGISTRATION FORMS FILL OUT BOTH FORMS PLEASE AND BRING OR FAX TO OUR OFFICE OR EMAIL THE FORMS TO mccainr@bellsouth.net

MCCAIN ORTHOPAEDIC CENTER
1812 Hampton St
Columbia, S.C. 29201 8032548800 8032549130 (Fax)

HISTORY FORM FORM 1

Name _____ Date _____

Describe the Problem you are seeing the Doctor for today _____
_____

If this is due to an injury, How did it occur, When and Where _____
_____

Have You had any Treatment for this Problem _____Yes____No Clinic/Doctor_____

Have You had any X-rays for this problem _____Yes ____ No

If Yes , where? _____ Are you possibly pregnant___Yes____No

Did you bring any X-rays with you today ____Yes Review of Systems _____
Gyn__MSK__GI__GU__

Please list any medications you are presently taking:

1)_____ 3) _____ 5)_____

2)_____ 4) _____ 6)_____

Please List all Surgeries, Hospitalizations, Or any medical problems or medical diagnoses

1) _____ 4) _____ 7) _____

2) _____ 5) _____ 8) _____

3) _____ 6) _____ 9)

_____

Are you allergic to any medicines _____Yes ____NO

Please List

1) _____ 3) _____ 5) _____

2) _____ 4) _____ 6) _____

Who is your referring Doctor ? _____

Who is your Regular Doctor ? _____

How did you choose our practice ? Friend__ Family__Columbia Yellow Pages__
Physician__Hospital Referral Service__Managed Care Plan__ Emergency Room __
S.C. Supernet__ Previous Patient__ Voc Rehab__ High School__ Lexington Yellow Pages__
Batesburg Yellow Pages__ Camden Yellow Pages__ Newberry Yellow Pages__ Winnsboro Yellow Pages__
Orangeburg Yellow Pages__