

David J. Slutsky M.D.

THE SLUTSKY HAND & WRIST INSTITUTE

Diplomate, American Board of Orthopedic Surgery
Certificate of Added Qualifications in Hand Surgery (C.A.Q.H.S.)
Fellow, American Academy of Orthopedic Surgeons
Member, American Society for Surgery of the Hand
Founding Editor-in-Chief, The Journal of Wrist Surgery

HEALTH HISTORY

Patient Name: _____

Date of Birth: _____

Is your problem today Personal Work Related Accident

Surgical History: (Please list all operations)

Year: _____ Diagnosis: _____

Year: _____ Diagnosis: _____

Year: _____ Diagnosis: _____

Year: _____ Diagnosis: _____

Medications: Include all medications including aspirin and over the counter supplements

Allergies to Medication:

Describe Allergic Reaction:

Have you had treatment for infection with an I.V. antibiotic within the past year? Yes No

Review of Medical Conditions: Please circle all that apply

High Blood Pressure

Heart Disease

Rheumatoid Arthritis

Hepatitis

Stroke

Lung Disease

AIDS/HIV

Bleeding Tendency

Irregular Pulse

Diabetes

Asthma

Transfusions

Gout

Ulcer

Alcohol Addiction

Seizure Disorder

Kidney Disease

Recreational Drug Use

Tuberculosis

Liver Disease

Other

2808 Columbia St. Torrance, CA 90503

Ph: 310.618.9922 fax: 310.618.8445