## THE CHRIST HOSPITAL ORTHOPAEDIC ASSOCIATES

## Cincinnati Bone & Joint Institute HEALTH HISTORY (pg 1)

<u>Patient</u>	Demog	raphics:

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SS#:		First		MI Birth da	te:	Last	Sex:	Male	Fen	nale
Address:									- 011	
	Street	Addre	22			City	/State		Zip	Code
Home #(Include area code)		Cell #(Include a		ıde area code)	Work #		(Include area code)			
Marital Status: <b>M S D W</b>					height					
Trantal Status.									, weight	·
	E-Mail	Add	ress	:						
					* * :					
<b>Guardian Infori</b>		•			•					
Name:						Relatio	onship to	Patient		
SS#:				Birth da	te:		Sex: .	Male	Fema	ale
Address:										
Home #(Include	Stree	t Add	ress	C-11 #		City/S	State		Zip (	Code
Home #(Include	de area co	nde)		Cell #	(Incl	ıde area code)	Worl	< #	(Include are	ea code)
(		,				,				,
	Please	list a	ny <b>R</b>	X or OTC	Medica	ntions that you	u are current	ly taking	j:	
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1) 2) 3) 4) 5)  DO YOU HAVE ANY If so, please list:  ALLERGY TO LATE	′ ALLER(			MEDICATIO	6 7 8 9	() () () () () ()			No	DOSE
1) 2) 3) 4) 5)  DO YOU HAVE ANY If so, please list:  ALLERGY TO LATE  Social History	ALLERO	Yes	N	MEDICATIO	6 7 8 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	R SUBSTANC	ES? Y		No	DOSE
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