

**Confidential Medical History for Robert G. Marx, MD  
HOSPITAL FOR SPECIAL SURGERY**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

**List medical conditions/hospitalizations:**

**List prior surgery:**

**List problems with heart, lungs, stomach/colon, diabetes, cancer, neurological systems:**

**List medications:**

**List allergies to medications:**

**Have you ever had any problems with anesthesia?**                       No       Yes

**Have you or anyone in your family had a blood clot or DVT?**       No       Yes

**Have you ever had a problem with easy bleeding or bruising?**       No       Yes

**Do you have a metal allergy?**     No       Yes

**Social History**

Occupation: \_\_\_\_\_

Single       Married       Divorced       Widowed

Live alone       No       Yes

Children?       No       Yes # \_\_\_\_\_

Smoke currently?       No       Yes: \_\_\_\_\_ Packs per day for \_\_\_\_\_ years.

Do not smoke now, but previously smoked \_\_\_\_\_ packs per day for \_\_\_\_\_ years.

Drink alcohol?       No       Yes #Drinks \_\_\_\_\_ per week or month (circle one)

History of substance abuse?       No       Yes What? \_\_\_\_\_

Who referred you to Dr. Marx? \_\_\_\_\_

Patient Signature: \_\_\_\_\_