FRANK PETRIGLIANO, MD
ORTHOPAEDIC SURGERY AND SPORTS MEDICINE
UCLA DEPARTMENT OF ORTHOPAEDIC SURGERY
310.319.1234 APPT
310.825.2126 OFFICE
310.825.1311 FAX
CA License: A90515

UCLA Health System

PATIENT STICKER

New Patient Information Sheet

(Please print)

1. Referring Physician: Name:

   Address:

   Phone:

2. Chief Complaint (what problem brings you in today?):

3. History of your Main Complaint:

4. Previous Treatment: (Circle: Surgery, Physical Therapy, Injection, Brace, Other_____)?

5. Past Medical History (Any medical problems?):

6. Past Surgical History (Any surgery in the past?):

7. Current Medications: Allergies:

8. Social History:
   - Do you smoke? ❑Yes ❑No If yes, how much per day?
   - Do you drink alcohol? ❑Yes ❑No If yes, how much per day?
   - Occupation
   - Marital Status Children?

9. Family History of Medical Problems: If yes, explain

- Father: ❑Yes ❑No
- Mother: ❑Yes ❑No
- Grandparents: ❑Yes ❑No
- Siblings: ❑Yes ❑No

10. Any Medical Problems in the following areas?	Yes	No	If yes, explain
• Constitutional symptoms: fever, weight loss, fatigue	❑	❑	
• GI problems	❑	❑	
• Eyes	❑	❑	
• Ears, nose, throat	❑	❑	
• Heart, circulation	❑	❑	
• Bladder	❑	❑	
• Breathing, lungs, shortness of breath	❑	❑	
• Other miscellaneous problems	❑	❑	
• Skin	❑	❑	
• Nerves, coordination, neurological	❑	❑	
• Psychological	❑	❑	
• Endocrine	❑	❑	
• Blood, lymphatics	❑	❑	
• Immune problems	❑	❑	
• Menstrual problems	❑	❑	