# Richard M. Siebold, M.D., Inc.

A MEDICAL CORPORATION
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Please answer all questions as completely as possible, to the best of knowledge. If you answer "**YES**" to any of the questions, please explain as much as possible. Print clearly.

Name: _____ Age: _____ Height: _____ Weight: _____

Marital Status: _____ Number of Children: _____ Dominant Hand: _____ Do you Smoke: ☐ Yes ☐ No

Do you drink alcohol? ☐ Yes ☐ No If yes to either smoke/drink, how much daily/weekly?: _____

_____

## Past Medical History

Please list any health issues you may have such as diabetes, high blood pressure, arthritis, etc. _____

_____

Family Physician? ☐ Yes ☐ No Name/Hosp. Affiliation: _____

_____ Length under this physician's care? _____

Known medication allergies? ☐ Yes ☐ No Medication Name(s): _____

_____

_____

Are you taking any medications presently? ☐ Yes ☐ No Name(s) & Dosage(s): _____

_____

Have you had any operations in lifetime? ☐ Yes ☐ No Please list reason(s), date(s) & hospital(s): _____

_____

_____

Ever been hospitalized? ☐ Yes ☐ No Please list reason(s), date(s) & hospital(s): _____

_____

_____

Have you ever had any broken, fractured, or dislocated bones? ☐ Yes ☐ No Body parts affected?: _____

_____

_____

Have you ever been involved in any **litigated** claims of bodily injury? ☐ Yes ☐ No Provide short details: _____

_____

_____

Have you ever been involved in any **non-litigated** claims of bodily injury? ☐ Yes ☐ No Provide short details: _____

_____

_____

Do you have a family (mom, dad, grandparents, etc.) history of the following?

Diabetes _____ Heart Disease _____ Tuberculosis _____

Cancer _____ Arthritis _____ High Blood Pressure _____

I have read all the information on this form [ via interpreter if necessary] and have completed all the answers to the best of my knowledge. I certify under penalty of perjury that the foregoing is true and correct.

| _____ | _____ | _____ |
|---|---|---|
| Patient Signature | Print Name | Date |

| _____ | _____ | _____ | _____ |
|---|---|---|---|
| Interpreter Signature | Interp. Name | Cert. # | Date |