

Richard Gellman, M.D.

Name: _____

DOB: _____

Problem/Injury: _____

Date of Injury: _____

Primary Care Physician: _____

Right: _____ Left: _____ Both: _____

Employer: _____

Name of Referring Doctor: _____

Occupation: _____

Were you treated in the E.R.? _____

Name of Hospital: _____

Describe how injury occurred: _____

List all medical conditions:

Height: _____

Weight: _____

Diabetes: _____

High Blood Pressure: _____

Chronic Pain: _____

Hepatitis: _____

HIV: _____

Liver Failure: _____

Kidney Failure (*dialysis*): _____

Dialysis Schedule: _____

Congestive Heart Failure: _____

Other: _____

Previous Surgeries: _____

Do you smoke cigarettes? Yes / No

If yes, how many per day? _____

Do you drink alcohol? Yes / No

If yes, how many per day? _____

Medications: _____

Allergies to Medications: _____