



New Patient Medical Profile for Dr. Sean Baran

Patient Name: _____

Date of Birth: ____/____/____ Age: _____

Visit Information

Reason for visit: _____ Primary Care Physician: _____

How did you hear about us? _____

Type of pain: Ache Sharp Throb Shooting Dull Click/Pop Date of Injury: ____/____/____

Severity: None 0 1 2 3 4 5 6 7 8 9 10 Intolerable Duration of pain: _____ Location: _____

Pain Aggravated By:

- Standing Walking Lying
- Sitting Working Stairs
- Sleeping Driving

Treatments Attempted:

- Pain Medication NSAID Rest
- Cane/Walker Wheelchair Ice
- Physical Therapy Surgery NONE

Medical History

Please list any health problems that you are currently diagnosed with:

- Diabetes
- High Blood Pressure
- Heart Disease
- DVT (blood clots)
- Liver Disease
- Kidney Disease
- Cancer
- Pulmonary Embolism
- Lung Disease
- Asthma
- Stomach Ulcers
- Rheumatoid Arthritis
- Thyroid Problems
- Depression
- Chronic Headache
- Osteoarthritis/Gout

Infections: Please explain: _____ Height _____

Other Illnesses: _____ Weight _____

Surgical History

Please list any previous surgeries and approximate date.

Surgery:	Date:	Surgery:	Date:
_____	____/____/____	_____	____/____/____
_____	____/____/____	_____	____/____/____
_____	____/____/____	_____	____/____/____

NONE Known Allergies to Anesthesia: Y N Describe: _____

Medications

Please list any medication you currently use, including prescription, over the counter, vitamins, herbs.

Medication:	Dose:	Medication	Dose:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Allergies

Known Drug Allergies:

- None Known Penicillin Sulfa Iodine
- Latex Aspirin Codeine Ibuprofen
- Other: _____

Please Turn Over →

