



# SYRACUSE PROSTHETIC ORTHOTIC CENTER

## Patient Medical Profile

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

Tobacco Use: Yes No Type Used: \_\_\_\_\_ How much per day: \_\_\_\_\_

Number of Falls in last 6 months \_\_\_\_\_ Number of Hospital, ER, Urgent Care Visits in last 6 months \_\_\_\_\_

General Health: Excellent Good Fair Poor Health Problems: \_\_\_\_\_

Patient Reported Activity Level: Very Active Active Limited Activity Sedentary

Cause: Accident from Employment Auto Accident Other Accident Condition Since Birth

Description: \_\_\_\_\_

Received Device within the Past Five Years: Yes No Device Details \_\_\_\_\_

Allergies: Yes No Type: \_\_\_\_\_

Current Medications: Yes No \_\_\_\_\_

Past Surgeries: Yes No \_\_\_\_\_ Date: \_\_\_\_\_

Amputations: Yes No Level: \_\_\_\_\_ Reason: \_\_\_\_\_ Date: \_\_\_\_\_

## Other Medical Conditions

<input type="checkbox"/> Alzheimer's or Dementia	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Anxiety
<input type="checkbox"/> HIV	<input type="checkbox"/> Parkinson's Disease	<input type="checkbox"/> Asthma	<input type="checkbox"/> Infections
<input type="checkbox"/> Pulmonary Disease(TB)	<input type="checkbox"/> Brain Injury/TBI	<input type="checkbox"/> Intestinal Problems	<input type="checkbox"/> Cancer
<input type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Seizure Disorders	<input type="checkbox"/> Depression
<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Skin Problems	<input type="checkbox"/> Diabetes Type I	<input type="checkbox"/> Diabetes Type II
<input type="checkbox"/> Migraines	<input type="checkbox"/> Stomach Problems	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> MRSA
<input type="checkbox"/> Stroke/TIA/CVA	<input type="checkbox"/> Neurological Problems	<input type="checkbox"/> Vascular Disease	<input type="checkbox"/> Obesity
<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Vision Problems	<input type="checkbox"/> Osteoarthritis	<input type="checkbox"/> Other Condition(s)
Other Condition(s) _____			

Questions? Call Toll Free 855-476-9697 or visit us online at [www.SyracuseProsthetics.com](http://www.SyracuseProsthetics.com)

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