

WELLINGTON[®]

Orthopaedic & Sports Medicine

Medical Questionnaire

Due to the new HIPPA laws recently passed and the “openness” of our clinic’s environment, we ask you to take a few minutes to fill out this medical questionnaire. This allows your medical history to remain confidential. We respect the privacy of our patients. Thank you!

NAME _____

MEDICAL HISTORY: Please list below all medical conditions that you have, if any.

SURGICAL HISTORY: Please list below any previous surgeries with dates.

MEDICATIONS: Please list below all medications that you are currently taking.
