

HISTORY FORM

Name: _____ Today's Date: _____

Height: _____ Weight: _____

CHIEF COMPLAINT

Area of body you are being seen for? _____ Date of Injury: _____
(please specify LEFT or RIGHT if applicable)

Describe injury/ accident in detail: _____

Have you been to a physician previously for this problem? _____ If so, when? _____

Have you had an MRI for this condition within the last year? _____ If so, where and when? _____

Pharmacy Name: _____ Address: _____ Phone: _____

LIST ALLERGIES:

Betadine: Yes No

Mastisol: Yes No

Medication	Dose/mg	Taken How Often	Duration: How long have you been taking this?	Side Effects

NSAID ACKNOWLEDGEMENT

Commonly used in an orthopedic practice are the nonsteroidal anti-inflammatories (NSAIDS). Aspirin, Ibuprofen, Naprosyn, and many others in this class of medications help in not only decreasing pain but also in decreasing inflammation and swelling which is often the cause of pain. As with all medications, they present certain risks. The most common side effect is stomach upset or irritation. In the extreme they can cause ulcers and even bleeding ulcers. One of the warning signs is stomach pain or "heart burn". Taking the anti-inflammatory with meals or a snack will often help prevent this. The medicine should be stopped at the first sign of stomach or gastrointestinal upset.

Another side effect is that of increasing the time it takes to stop bleeding when cut. This is usually only a minor increase, but 5 days before surgery, the patient should stop all anti-inflammatory type medicine to avoid any increase blood loss during the procedure.

There are many other possible, though rare, side effects of NSAIDS. Kidney (renal) injury, interaction with other medications such as high blood pressure medicines or diuretics, and other so-called idiosyncratic reactions have been reported in isolated cases. Some of these medicines have also been shown to cause heart and stroke problems. *As with all medicines, you should read the literature and the potential risks of this type of medicine and consult your family doctor or internal medicine doctor about any concerns you have.

If you are pregnant or breast-feeding, you must consult your obstetrician or pediatrician prior to taking NSAIDS. If you are presently on prescription medicines from another physician, you should consult him/her concerning possible drug interactions prior to taking NSAIDS. Aspirin or ibuprofen (Motrin or Advil) should not be taken while taking other NSAIDS.

Finally, if you are taking NSAIDS for longer than 3 months, you should consult your doctor about possible blood tests to assure that there has been no renal (kidney) impairment or other side effects.

*****From FDA Drug Safety Communication (<http://www.fda.gov/Drugs/DrugSafety/ucm451800.htm>)**

The risk of heart attack or stroke can occur as early as the first weeks of using an NSAID. The risk may increase with longer use of the NSAID. The risk appears greater at higher doses. It was previously thought that all NSAIDs may have a similar risk. Newer information makes it less clear that the risk for heart attack or stroke is similar for all NSAIDs; however, this newer information is not sufficient for us to determine that the risk of any particular NSAID is definitely higher or lower than that of any other particular NSAID.

NSAIDs can increase the risk of heart attack or stroke in patients with or without heart disease or risk factors for heart disease. A large number of studies support this finding, with varying estimates of how much the risk is increased, depending on the drugs and the doses studied. In general, patients with heart disease or risk factors for it have a greater likelihood of heart attack or stroke following NSAID use than patients without these risk factors because they have a higher risk at baseline. Patients treated with NSAIDs following a first heart attack were more likely to die in the first year after the heart attack compared to patients who were not treated with NSAIDs after their first heart attack. There is an increased risk of heart failure with NSAID use.

I acknowledge I have read the above.

Printed Name _____

Signature _____

Date _____