



JIMMY CHOW M.D.
HIP & KNEE SPECIALIST

Name *

First Name

Last Name

Preferred Name (Nickname)

Nickname

Date of Birth *

Month

Day

Year



Mobile Phone (cell) *

Please enter a valid phone number.

Home Phone

Please enter a valid phone number.

Email *

example@example.com

Home Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code



JIMMY CHOW M.D.
HIP & KNEE SPECIALIST

Emergency Contact

Name

First Name

Last Name

Relationship

Mobile Phone Number

Please enter a valid phone number.

Home Phone Number

Please enter a valid phone number.

Next of Kin

Name

First Name

Last Name

Relationship

Phone Number

Please enter a valid phone number.

Power of Attorney

Name

First Name

Last Name

Relationship

Phone Number

Please enter a valid phone number.



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What is the reason for your visit?

What studies have you done?

(xray, CT, MRI, etc.) List study and facility...

Preferred Pharmacy

Walgreens/CVS are encouraged due to availability of post-op medications

Pharmacy Name

Pharmacy Address

Please Select ▼

City

State / Province

Postal / Zip Code

List all the doctors you see (Care Team)

Please include your PCP...



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Allergies

List your medical allergies. List \"NONE\" if none...

Medications

List all medications and supplements...



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Family History (first degree relatives, check all that apply)

- Blood Clot
- Bleeding disorder
- Diabetes
- Heart disease (heart attack, etc.)
- Osteoporosis
- Rheumatologic disease (RA, lupus, ankylosing spondylitis, etc.)
- Inflammatory disease (Crohn's, ulcerative colitis, etc.)
- Neurologic disease (Parkinson's, etc.)
- Cancer

Social History (check all that apply)

- Smoke tobacco (cigarettes, cigars, etc.)
- Other tobacco products (vape, chewing tobacco, patch, etc.)
- Smoke cannabis (recreational or medicinal marijuana)
- Other cannabis (vape, edibles, drops, etc.)
- Alcohol

Surgical History

List previous surgeries and estimated dates...



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Past Medical History (check all that apply)

- AIDS/HIV
- Anemia
- Anxiety/Depression
- Arthritis
- Bleeding Disorder
- Blood Clot
- Blood Transfusion
- COPD
- Cancer
- Coronary Artery Disease
- Diabetes
- Gout
- Heart Attack (MI)
- Heart Problems (afib, CAD)
- Hepatitis
- Hernia
- High Cholesterol
- Hypertension
- Kidney Disease
- Liver Disease
- Migraines
- Orthotics
- Osteoporosis
- Pacemaker
- Peripheral Vascular Disease
- Pulmonary Embolism
- Rheumatoid Arthritis (or other rheumatologic disease, such as lupus)
- Seizures/Epilepsy
- Stroke
- Thyroid Problems
- Tuberculosis
- Ulcers