NAVID GHALAMBOR MD
ORTHOPAEDIC SURGEON
SHOULDER, ELBOW & HAND SURGERY
Orange County, CA

Date of exam:

Patient's Name:

Patient's Age:

Weight:

Height:

Handedness (Right-Handed or Left-Handed):

Occupation:

Job Description:

Employer:

Date of Injury:

How did the injury happen:

Current work Status (Full, Modified, or Off Duty):
If not working, how long? When was the last day worked?

Describe your work history for the past 5 years:

Do you have any of the following medical problems? (Please Circle)

Diabetes
High Blood Pressure:
Gout
Pseudo Gout
Osteoarthritis
Rheumatoid Arthritis
Thyroid Disease
Other: (please indicate):
Have you had any surgeries (please list):

List of current medications (please list):

Any known drug allergies/any metal allergy i.e. Jewelry (please list):

Do you smoke? If so, how many packs per day:

Do you use alcohol? If so, how much:

Family History: (Please list any medical condition that runs in your family):

Any problems associated with your heart, lungs, intestines, kidneys, liver, or urinary system in the past 6 weeks?
If so, please indicate:

Any previous worker's compensation claims? If so, please indicate:

Any pre-existing disability in the involved extremity? If so, please indicate: