# ORTHO MEDICAL ASSOCIATES

**Dr. Kunwar K. Singh - MBBS, MS, FICS**
**Consultant Orthopaedic Surgeon**

**Please enter the following information for our records.**

**SURNAME:………..…………………………………………………………………...**

**FIRST&MIDDLENAME:…………………………………………………………….**

**DATE OF BIRTH…………………………………….........… AGE:…………………..**

**ADDRESS:……………………………….….….………... P. O. Box…………………….**

**OCCUPATION:………….………………… EMPLOYER:………..………………………**

**TELEPHONE NUMBER:**

**HOME…………………….…….. MOBILE:…………………….… WORK:…………….……....**

**EMAIL ADDRESS: ………………………………………………………………………….**

**NEXT OF KIN:….…………………………………… RELATION:…………….………....**

**ADDRESS:………………………………..………………………………………………..**

**YOUR DOCTOR:……………………………….…………………………………….........**

**MEDICAL INSURANCE:…………………………………………………….…………….**

*Please Circle Injury Type:*

**Motor Vehicle Accident / Injury (Sports etc.) / Assault / Occupational Injury**

**Date:………………………………………………………………………………….........**

**Details of injury:…………………………………………………………………….........**

**…………………………………………………………………......................................**

**…………………………………………………………………......................................**

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*Please Tick As Relating To You:*

| | YES | NO | | YES | NO |
|---|---|---|---|---|---|
| Shortness of breath | ( ) | ( ) | Low Back Pain | ( ) | ( ) |
| Asthma | ( ) | ( ) | Back Injury | ( ) | ( ) |
| Heart Trouble | ( ) | ( ) | Sciatica | ( ) | ( ) |
| High Blood Pressure | ( ) | ( ) | Paralysis | ( ) | ( ) |
| Allergies | ( ) | ( ) | Diabetes | ( ) | ( ) |
| X-rays | ( ) | ( ) | C.T. Scan | ( ) | ( ) |

**Other Relevant Medical History** …………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

**Presently on the following Medication(s)** ……………………………………………….

……………………………………………………………………………………………

**List Allergies**……………………………………………………………………………………..

**Previous Surgery** ……………………………………………………………………………..

**Previous Physiotherapy** ……………………………………………………………….………..

**Will a Medical Report be necessary?** ……………………………………………..…………

**If YES kindly write the type of report, the name and address to whom it should be addressed along with your written consent to release the report.**