

Jeffrey B. Witty, M.D.
Orthopaedic Surgery and Sports Medicine
Acadiana Orthopaedic Center at Lafayette General
4212 W. Congress Street
Suite 1600
Lafayette, LA 70506
Phone: (337) 216 - 9018
Fax: (337) 216 - 9143



Initial Visit History Intake Form

Please take a moment to fill this form out before your visit with us. This will facilitate the input of your information into our electronic medical record. Our goal is to make your visit as efficient and pleasant as possible!

What is your age?

Did someone refer you here? If so, which physician/person/therapist?

Please describe the problem you are having in your own words. Be sure to include the date of any injury and how it happened.

Have you had any previous imaging studies such as x rays (radiographs), CT, or MRI? If so, when and where was it done?

Have you had any previous treatment for this problem? This could include medication, physical therapy, bracing, injections, or surgery. Please include the dates of those treatments and the physician or therapist who treated you.

Please list any past medical problems you have. See below for a list of common medical problems. Please circle all that apply. If you do not see one, please write it in.

High blood pressure	Emphysema	Urinary tract infections	Depression
Heart Disease	Sleep apnea	Sickle cell	Bipolar or other psychiatric disorder (please list in space below)
Atrial fibrillation or other irregular heart beat	Stomach or intestinal ulcers	Bleeding disorder: Previous blood clots or easy bleeding	Rheumatoid arthritis
Heart attack	Diabetes	Stroke	Lupus
Elevated cholesterol	Hepatitis A, B, or C	Seizure disorder	
Asthma	HIV/AIDS	Hypo or hyperthyroidism	
COPD	Reflux	Cancer Please list type and treatment in a space below	Previous fractures/broken bones: please list in space below

For conditions requesting more information, please list in the space below:

Please list any previous surgeries. Be sure to list the date of each surgery and try to be as specific as possible.

Have you previously been hospitalized? If so, please list the dates and the reason for admission. Please include the month if the admission was within this past year.

Please list any medications that you are currently taking. You may provide a separate list at the time of your visit. This should also include any non-prescription medications or supplements.

Please list any allergies and any previous reactions to medication.

Do you drink alcohol? If so, how much and how often?

Do you smoke? If so, how many and how often?

Have you used or previously used any illicit/illegal drugs? If so, please list them.

Are you right or left handed?

Does your family have any history of medical problems? If so, please list them below.