

Patient Forms

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Patient Forms

To help us provide you with better care, please download, print, and sign any of the forms below needed for your appointment. In most cases, patients are **highly advised** to complete the corresponding Medical History Questionnaire, and the [Medical Record Release Form](#) if you seek to obtain a copy of your records.

Please be sure to bring any completed forms with you to your appointment. Thank you for your assistance in helping us provide you with excellent care.

New Ortho Appointments

Patients who are first time visitors, should print, sign and bring this form with them:

- [Ortho New Patient Medical History Questionnaire \(PDF\)](#)
- [Ortho New Pediatric Patient Medical History Questionnaire \(PDF\)](#)

Other Patient Forms

Additional patient and visitor related forms:

- [Medical Record Release Form](#)
- [MyChart for UF&Shands Patients](#)
- [Other Patient/Visitor Forms](#)

Referring Physicians ONLY

Please print and fax this Consultation/Transfer of Care Request to 352.273.7293:

- [Consultation/Transfer of Care Request \(PDF\)](#)

Source URL:<https://www.ortho.ufl.edu/forms>