



**TODAY'S DATE:** \_\_\_\_\_

**PATIENT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**HOME PHONE #:** \_\_\_\_\_ **CELL PHONE #:** \_\_\_\_\_

**1). Please explain what your problem is and what your goals and expectations are:**

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**2). Are you interested in a surgical procedure or non-surgical procedure?**

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**3). If you are here for knee pain check where you have pain:**

\_\_\_ medial (big toe side), \_\_\_ lateral (little toe side), \_\_\_ anterior compartment (knee cap),  
\_\_\_ generalized.

**4). If you are here for hip pain check where you have pain: \_\_\_groin, \_\_\_ outer hip area,**

\_\_\_ buttock , \_\_\_ anterior thigh, \_\_\_ knee , \_\_\_ anterior leg

**5). How long have you had pain? \_\_\_\_\_**

**6). How many blocks can you walk comfortably?**

\_\_\_ Less than 1 block, \_\_\_ 1-2 blocks, \_\_\_ 3-6 blocks, \_\_\_ Over 6 blocks

**7). Please mark the activities that bother you: \_\_\_walking, \_\_\_getting out of a chair,**

\_\_\_ doing stairs, \_\_\_trouble sleeping, \_\_\_trouble getting dressed

**8). Do you have: \_\_\_swelling, \_\_\_stiffness, \_\_\_joint locks, \_\_\_giving out,**

\_\_\_ don't trust your extremity to hold you, \_\_\_trouble getting dressed,  
\_\_\_trouble sleeping



9). Do you use a cane? \_\_\_\_\_

Do you use a walker? \_\_\_\_\_

10). Are you on any blood thinners? Such as: Plavix, Coumadin, Xarelto, Pradaxa, Pletal, or Aggrenox.

11). Are you on any rheumatoid drugs? Such as: Methotrexate, Humira, Remicade, or Enbrel.

12). Are you on anything for pain? \_\_\_\_\_

13). If you have cortisone when was your last injection? \_\_\_\_\_

14). If you have had visco supplementation ("chicken shots") when was your last shot \_\_\_\_\_

15). List any surgery on your hip or knee. Date of surgery and where surgery was performed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL MEDICAL QUESTIONS**

1). Have you seen your dentist in the last six months? YES - NO



**2). Circle any of the following risk factors you might have for your heart:**

**Angina – requiring taking nitroglycerin**

**Vascular Disease – such as stroke**

**Heart Attack**

**Hypertension**

**Diabetes**

**High Cholesterol**

**Smoking**

**Positive Family History of Heart Attack  
(mother, father, or siblings)**

**Obesity**

**Sedentary Activity  
(Walking less than 1-2 blocks at a time)**

**3). Do you have a history of a cardiac bypass, coronary angioplasty? \_\_\_\_\_**

**4). Do you have a history of a pulmonary embolism, (blood clot in your lung), DVT,  
(phlebitis in your leg)\_\_\_\_\_**

**5). Have you ever had a bleeding ulcer? YES - NO**

**6). Do you have a history of sleep apnea? YES - NO**

**If so, mark risk factors you may have: \_\_\_Snoring, \_\_\_obesity, \_\_\_ hypertension,  
\_\_\_excessive tiredness during the day, \_\_\_getting up at night, \_\_\_ observed apneas,  
\_\_\_congestive heart failure, \_\_\_coronary artery disease, \_\_\_atrial fibrillation,  
\_\_\_ 17" neck male,\_\_\_16" neck female**