



TODAY'S DATE: _____ **PATIENT NAME:** _____

DATE OF BIRTH: _____ **AGE:** _____ **Height:** _____ **Weight** _____

HOME PHONE #: _____ **CELL PHONE #:** _____

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

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

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 yo

11). Have you ever had a shot in your knee or hip?

12). Have you seen a dentist in the last 6 months?