

**DR KELLY'S NEW KNEE PATIENT INFORMATION SHEET**

**Name:** \_\_\_\_\_, **Age:** \_\_\_\_\_ **address:** \_\_\_\_\_ **home phone #** \_\_\_\_\_

**Cell phone#** \_\_\_\_\_

**My chief Complaint:** \_\_\_\_\_ **birth date** \_\_\_\_\_

**Today, I am here to discuss:** Non-Surgical Treatment, Surgical Options - Partial Knee, Total Knee

**I have had pain in my knee for** \_\_\_\_\_ years ,or \_\_\_\_\_ months.

**The pain has gradually gotten worse** in the past \_\_\_\_\_ months ,or \_\_\_\_\_ years

**Location of my pain in my knee is:** %: \_\_\_\_\_ big toe side, or % \_\_\_\_\_ little toe side, or all over my knee.

**I can walk comfortably:** over 6 blocks, 3-6 blocks, 1-2 blocks, less than 1 block.

**List the dates of the last cortisone injections into your knee:** \_\_\_\_\_

**List the dates of Synvisc, Orthovisc, Supartz, or Hyalgan injections** into your knee \_\_\_\_\_

**Activities that bother you:** walking, stiffness, swelling, difficulty getting out of a chair, up/down stairs, locking, giving out, don't trust my leg to hold me, getting dressed, sleeping

**Do you use a cane or walker?** \_\_\_\_\_

**Medications currently taking for arthritis:** Tylenol , Glucosamine , others \_\_\_\_\_

**List previous knee surgery.** Include date, city, and name of hospital : \_\_\_\_\_

**Did you originally hear of Dr. Kelly through one of his seminars?** Yes/No **or the internet?** Yes/ No google/yahoo

**REVIEW OF SYSTEMS**

**Dental History:** I have seen the dentist in the past 6 months: Yes / No

**Have you had:** Angina, Diabetes, Vascular disease , Heart attack, High blood pressure,

High Cholesterol, smoking, overweight, Family History of heart attack, Sedentary - walking less than 2 blocks.

**Have you had a Cardiac bypass, Angioplasty, or Stress test?** - Date of last stress test: \_\_\_\_\_

**Have you had a Pulmonary embolism, phlebitis, emphysema, asthma, sleep apnea, or snore? stomach ulcer?** \_\_\_\_\_

**Do you have sleep apnea, or cancer?** **Are you on a blood thinner: plavix, coumadin, plavix, aggrenox?**

**Your height :** \_\_\_\_\_ **Weight** \_\_\_\_\_ **name of insurance carrier:** \_\_\_\_\_

**Mail this sheet with x-rays to:**  
**x-rays: AP and Lateral and**  
**natella sunrise view**

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**or phone # 1-402-361-5218**