

Today's Date: _____ Appointment Date: _____

Patient's Name: _____

DOB: _____ Age: _____ Sex: Female Male

Height: _____ feet _____ inches Weight: _____ pounds

Primary Care Physician:

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Referring Physician Name:

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Reason for your visit today: _____

Affected side:

Right Left Both

If both sides which side is worse?

Right Left

Dominant Hand:

Right Left

Location:

neck back

shoulder hip

arm thigh

elbow knee

forearm lower leg

wrist ankle

hand foot

When do symptoms occur?

night

morning

work

during activity

after activity

other _____

Quality of pain (check all that apply)

Sharp Electric Shocks

Dull Constant

Burning Intermittent

Throbbing

What makes symptoms better?

Rest

Heat

Brace/bandage/sling

Medications

Physical Therapy

Cold

Exercise

Other: _____

Duration of symptoms?

- 1-4 weeks
- 4-8 weeks
- 8-12 weeks
- other: _____ (days/months/years)

Date of Onset: _____

Are your symptoms?

- Improving
- Getting worse

Associated symptoms (check all that apply)

- Stiffness/loss of motion Date of onset? _____
- Numbness, if yes where? _____
- Swelling, if yes where? _____
- Weakness, if yes where? _____
- Fever/chills

How far can you walk?

With support

- Unlimited
- 1 mile
- ½ mile
- 2-3 blocks
- <1 block
- Indoors
- Unable

Without support

- Unlimited
- 1 mile
- ½ mile
- 2-3 blocks
- <1 block
- Indoors
- Unable

How do you climb steps?

- Normal
- Holding on with one hand
- Holding on with both hands
- One step at a time
- Unable

Support needed to walk?

- None
- Cane (long walks)
- Cane (full time)
- 1 Crutch
- 2 Crutches
- Walker
- Unable to walk

Pain is Reported as:

- _____ slight and occasional, causing no compromise in activity.
- _____ mild, having no effect on ordinary activity, but occurs with or after unusual activity.
- _____ moderate and tolerable, but requires concessions in daily activities.
- _____ marked, seriously limiting activity.
- _____ totally disabling.

Does the hip pain worsen with weather changes? _____ yes _____ no

Does the hip pain worsen with motion? _____ yes _____ no

Ambulation is:

- _____ Unlimited
- _____ 6 blocks
- _____ 2-3 blocks
- _____ indoors only
- _____ limited to transferring from bed to chair

Stair Climbing:

- _____ is normal
- _____ requires use of a banister
- _____ is difficult
- _____ cannot be done

Tie Shoes and/or socks (for the affected side) are:

- ___ put on with ease
- ___ put on with difficulty
- ___ not possible to put on

Sitting is:

- ___ possible in any chair for one hour
- ___ possible in any chair for ½ hour
- ___ not possible in any chair for ½ hour

Public Transportation:

- ___ can be used easily
- ___ can be used with difficulty
- ___ cannot be used

PAST MEDICAL HISTORY

Brain

- TIA (transient ischemic attack)

Endocrine

- Insulin dependent diabetes
- Non-insulin dependent diabetes
- Hypercholesterolemia
- Hypothyroidism

Heart

- Coronary artery disease
- Myocardial infarction
(Heart Attack)
- Hypertension

Infectious

- HIV
- Hepatitis
- Cellulitis
- Syphilis
- Joint infection

Kidney

- Chronic renal failure

Lung

- Pulmonary embolism
- Chronic bronchitis
- Asthma
- COPD

Musculoskeletal

- Low back pain
- Sciatica
- Spinal Stenosis
- Degenerative disk disease
- Juvenile Rheumatoid Arthritis
- Lupus
- Rheumatoid Arthritis
- Psoriasis

Cancer

Type: _____

Psychiatric

- Alcohol abuse
- Major depression
- Anxiety disorder
- Bipolar disorder
- Schizophrenia

Stomach and Intestine

- GERD
- Gastric ulcer
- Irritable Bowel Syndrome

Vascular

- DVT
- Phlebitis
- Sickle cell anemia

Other:

PAST ORTHOPAEDIC SURGICAL HISTORY

<u>Past Surgeries</u>	<u>Side/Location</u>	<u>Year</u>	<u>Name of Surgeon</u>
Joint Replacement			
<input type="checkbox"/> Total Hip Replacement	Right Left Both	_____	_____
<input type="checkbox"/> Total Knee Replacement	Right Left Both	_____	_____
<input type="checkbox"/> Partial Knee Replacement	Right Left Both	_____	_____
<input type="checkbox"/> Core Decompression	Right Left Both	_____	_____
<input type="checkbox"/> High Tibial Osteotomy	Right Left Both	_____	_____

Spine			
<input type="checkbox"/> Cervical (neck) Fusion	Levels _____	_____	_____
<input type="checkbox"/> Cervical Disc Removal/ Decompression	Levels _____	_____	_____
<input type="checkbox"/> Lumbar (lower back) Fusion	Levels _____	_____	_____
<input type="checkbox"/> Lumbar Disc Removal/ Laminectomy	Levels _____	_____	_____
<input type="checkbox"/> Kyphoplasty	Levels _____	_____	_____

Sports			
<input type="checkbox"/> Knee Arthroscopy	Right Left Both	_____	_____
<input type="checkbox"/> Rotator Cuff Repair	Right Left Both	_____	_____
<input type="checkbox"/> Total Shoulder Replacement	Right Left Both	_____	_____

Trauma (List bone/joint and treatment)

_____	Right Left Both	_____	_____
_____	Right Left Both	_____	_____

PAST SURGICAL HISTORY

<u>Breast</u>	<u>Gastrointestinal</u>	
<input type="checkbox"/> Lumpectomy (left or right)	<input type="checkbox"/> Hernia repair	<input type="checkbox"/> Dialysis shunt
<input type="checkbox"/> Mastectomy (left or right)	<input type="checkbox"/> Resection of large bowel	<input type="checkbox"/> Varicose vein stripping
	<input type="checkbox"/> Removal of Gall Bladder	Other: _____

Cardiovascular

- Pacemaker
- Coronary artery bypass
- Valve replacement

Vascular

- Abdominal aortic aneurysm
- Femoral Bypass

SOCIAL HISTORY

Occupation

- Employed
- Unemployed
- Student
- Work from home
- Retired

Marital Status

- Single
- Married
- Separated
- Divorced
- Widowed

Athletics

- Professional
- Amateur
- Recreational
- None

Exercises

- Daily
- Weekly
- Rarely
- Never

Sport _____ Type _____

Do you have a history of substance abuse? No Yes

What? _____

Do you currently use illegal drugs? No Yes

Past use? No Yes

What type? _____

Last used? _____

Are you a Jehovah's Witness No Yes

ALCOHOL HISTORY

Do you currently drink alcohol? No Yes. If yes, what type of alcoholic beverages do you usually drink? Beer Wine Hard Liquor (such as whiskey, scotch, gin or vodka)

CURRENT drinking history

- Less than a month
- 2-4 times per month
- 2-3 times a week
- 4-5 times a week
- 6 or more times a week

PAST drinking history

- Less than a month
- 2-4 times per month
- 2-3 times a week
- 4-5 times a week
- 6 or more times a week

How many drinks did you

have on a typical day when you were drinking?

- 1-2 drinks
- 3-4 drinks
- 5-6 drinks or more

SMOKING HISTORY

_____ I have never smoked.

Do you currently smoke? No Yes

How long have you smoked? _____

I currently smoke: 1/4 pack 1/2 pack 3/4 pack 1 pack 2 packs per day

I quit smoking: less than 1 year ago more than 1 year ago more than 5 years ago

I formerly smoked: ¼ pack ½ pack ¾ pack 1 pack 2 packs per day
What type of tobacco did you smoke? Cigarettes Cigars Pipe

MEDICATION INFORMATION *Please check the medications you use:*

High Blood Pressure

- Accupril
- Atenolol
- Capoten (Captopril)
- Cardizem (Diltiazem)
- Cardura (Doxazosin)
- Cozaar (Losartan)
- Diovan (Valsartan)
- Vasotec (Enalapril)
- Zestril (Lisinopril)
- Lopressor/Toprol (Metoprolol)
- Lotensin (Benazepril)
- Norvasc (Amlodipine)
- Procardia (Nifedipine)

Heart Medication:

- Lanoxin (Digoxin)
- Nitroglycerin

Blood Thinners:

- Aspirin
- Coumadin (Warfarin)

Cholesterol Lowering Drugs:

- Lipitor (Atrovastatin)
- Pravachol (Pravastatin)
- Zocor (Simvastatin)

Diuretic (Water pills):

- Dyazide (HCTZ/triamterene)
- Lasix (Furosemide)
- Hydrochlorothiazide (HCTZ)

Diabetes:

- Glucophage (Metformin)
- Glucotrol (Glipizide)
- Insulin

Gastrointestinal (Stomach):

- Nexium (Esomeprazole)
- Prevacid (Lansoprazole)
- Prilosec (Omeprazole)
- Zantac (Ranitidine)

Rheumatology:

- Methotrexate
- Prednisone
- Plaquenil
- Enbrel

NSAIDs:

- Advil/Motrin (Ibuprofen)
- Aleve (Naproxen or Naprosyn)
- Celebrex
- Mobic

Pain:

- Tylenol (Acetaminophen)
- Tylenol #3
- Darvocet
- Dilaudid
- Ultram (Tramadol)
- Oxycodone
- Oxycontin
- Duragesic patch (Fentanyl)
- Endocet/Percocet/Tylox
- MS Contin (Morphine)
- Lortab/Vicodin (Hydrocodone)
- Neurontin

Supplements:

- Herbals
- Glucosamine
- Fish Oil
- Flax seed
- Ginko

Other Medications:

ALLERGIES

___ **NO KNOWN DRUG ALLERGIES**

<u>Medicine</u>	<u>Reaction</u>	<u>General</u>	<u>Reaction</u>
___ Aspirin	_____	___ Latex	_____
___ Erythromycin	_____	___ Adhesive	_____
___ NSAIDS	_____	___ Other	_____
___ Penicillin	_____		
___ Sulfa	_____		

REVIEW OF SYSTEMS

Please mark the symptoms you are currently experiencing:

General

- Good general health
- Chills
- Feeling tired all the time
- Dizziness
- Loss of appetite
- Fever
- Night sweats
- Weight gain of more than 10lbs
- Weight loss of more than 10lbs

Respiratory

- Chest pain
- Shortness of breath
- Chronic cough
- Wheezing

Cardiovascular

- Chest pain
- Swelling in legs
- Night cramps
- Palpitations
- Phlebitis
- Skipped heartbeats

Neurological

- Dizziness
- Headaches
- Incontinence stool
- Incontinence urine
- Loss of balance

Psychiatric

- Anxiety
- Change in sleep pattern
- Depression

Skin

- No problems
- Dryness
- Excessive sweating
- Rash

Gastrointestinal

- Anorexia
- Constipation
- Diarrhea
- Heartburn

Endocrine

- Cold intolerance
- Frequent urination
- Appetite changes

HEENT

- Blurry vision
- Sinusitis
- Fainting
- Headache

Hematology

- Anemia
- Easy bruising
- Enlarged lymph nodes
- Prolonged bleeding

Male Genitourinary

- Hesitancy
- Incontinence

Neck

- Difficulty swallowing

FAMILY HISTORY

Family member

Age

Health status or cause of death

Father	Alive	Deceased	_____	_____
Mother	Alive	Deceased	_____	_____

Additional information:

The questionnaire has been reviewed with the patient.

Physician/Resident/PA or Nurse's Signature

Date

*****PATIENT TO STOP HERE*****

This section to be completed by Dr Trice

Skin Lesions:

___ There are no skin lesions

___ Skin lesions include: _____

Ambulatory Status:

___ Observation of gait was not possible due to the fact the patient is essentially non-ambulatory.

___ Patient is:

___ ambulatory independently

___ with assistance

___ with crutches

___ with a walker

Gait Pattern:

___ Gait was observed to have normal heel-to-toe pattern.

Gait is:

___ mildly antalgic ___ right lower extremity ___ left lower extremity

___ moderately antalgic ___ right lower extremity ___ left lower extremity

___ markedly antalgic ___ right lower extremity ___ left lower extremity

Stride length is normal on the right ___

normal on the left ___

decreased on the right ___

decreased on the left ___

___ with no Trendelenberg evident on the right ___ left ___

___ with Trendelenberg evident on the right ___ left ___

Hip:

Right

Left

Flexion contracture ___ ° ___ °

Flexion ___ ° ___ °

Abduction ___ ° ___ °

External rotation ___ ° ___ °

Internal rotation ___ ° ___ °

Knee:	<u>Right</u>	<u>Left</u>
Flexion	135°	135°
Extension	0°	0°
Alignment	___° varus	___° varus

Ankle:	<u>Right</u>	<u>Left</u>
Deformity	No	No

Lumbosacral Spine:	<u>Right</u>	<u>Left</u>
Flexion	90°	
Extension	30°	
Lateral Bending	45°	45°

Neurological Status:	<u>Right</u>	<u>Left</u>
Knee deep tendon reflexes	2+	2+
Ankle deep tendon reflexes	2+	2+
Sensory	normal	normal
Motor	normal	normal

Vascular Status:	<u>Right</u>	<u>Left</u>
Femoral	2+	2+
Dorsalis pedis pulses	2+	2+
Posterior tibial pulses	2+	2+

Measurements:	<u>Right</u>	<u>Left</u>
Thigh circumference	___ cm	___ cm
Calf circumference	___ cm	___ cm
Leg lengths	___ cm	___ cm

Studies

Impression

Plan

_____ The patient would be an excellent candidate to consider total hip arthroplasty. The surgical procedure has been discussed in detail with the patient including death, loss of limb, arteriovenous and/or neurological complication, as well as, infections and unsuccessful outcome. I have also discussed further conservative care, including the use of nonsteroidal anti-inflammatory medications and protect weight-bearing.

_____ Conservation care has been discussed with the patient at length. Although the patient is not a surgical candidate, the further surgical procedure has been discussed with the patient including death, loss of limb, arteriovenous and/or neurological complications, as well as, infection and unsuccessful outcome.

Michael E. Trice, M.D.

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