

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

**INJURY:**

- No history of injury
- History of injury as follows: \_\_\_\_\_

Have you noticed any of the following? (Check all that apply)

Swelling, if yes number of occasions: \_\_\_\_\_ : \_\_\_\_\_

Locking (knees stay bent – cannot be straightened)

How many times has it locked? \_\_\_\_\_

Did you finally get it to straighten?  Yes     No

If yes, how? \_\_\_\_\_

Giving way (knee gives out beneath you), if yes how many times? \_\_\_\_\_

**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

**AMBULATION IS:**

- Unlimited
- 6 Blocks
- 2-3 Blocks
- Indoors only
- Limited to transferring from bed to chair

**TIE SHOES AND/OR SOCKS ARE:**

- Put on with ease
- Put on with difficulty
- Not possible to put on

**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: \_\_\_\_\_

**STAIR CLIMBING:**

- Normal
- Requires use of a banister
- Difficult
- Cannot be done

**SITTING IS:**

- Possible in any chair for one hour
- Possible in any chair for one-half hour
- Not possible in any chair for ½ hour

**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>
<b>Joint Replacement</b>			
<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**

**Breast**

- Lumpectomy (left or right)
- Mastectomy (left or right)

**Gastrointestinal**

- Hernia repair
- Resection of large bowel
- Removal of Gall Bladder
- Dialysis shunt
- Varicose vein stripping
- 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)
- Plavix

**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

**Skin**

- No problems
- Dryness
- Excessive sweating
- Rash

**HEENT**

- Blurry vision
- Sinusitis
- Fainting
- Headache

**Respiratory**

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

**Cardiovascular**

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

**Gastrointestinal**

- Anorexia
- Constipation
- Diarrhea
- Heartburn

**Neurological**

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

**Psychiatric**

- Anxiety
- Change in sleep pattern
- Depression

**Endocrine**

- Frequent urination
- Appetite changes
- Cold intolerance

**Hematology**

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

**Male Genitourinary**

- Hesitancy
- Incontinence

**Neck**

- Difficulty swallowing

**FAMILY HISTORY**

<b><u>Family member</u></b>			<b><u>Age</u></b>	<b><u>Health status or cause of death</u></b>
Father	Alive	Deceased	_____	_____
Mother	Alive	Deceased	_____	_____

Additional information:

The questionnaire has been reviewed with the patient.

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Physician/Resident/PA or Nurse's Signature

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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                      \_\_\_\_\_ left lower extremity
  - Moderately antalgic                      \_\_\_\_\_ right                      \_\_\_\_\_ left lower extremity
  - Marked antalgic                      \_\_\_\_\_ right                      \_\_\_\_\_ left lower extremity
- Stride length is normal on:                      \_\_\_\_\_ right                      \_\_\_\_\_ left
- Stride length is decreased on:                      \_\_\_\_\_ right                      \_\_\_\_\_ left
- Normal knee flexion evident:                      \_\_\_\_\_ right                      \_\_\_\_\_ left
- Decreased knee flexion evident:                      \_\_\_\_\_ right                      \_\_\_\_\_ left

<b>Hip:</b>	<b><u>Right</u></b>	<b><u>Left</u></b>
Flexion contracture	0°	0°
Flexion	135°	135°
Abduction	45°	45°
External Rotation	60°	60°
Internal Rotation	30°	30°

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

<b>Palpation:</b>	<b><u>Right</u></b>	<b><u>Left</u></b>
Synovial thickening	none	none
Effusion	none	none
Medial joint line tenderness	none	none
Lateral joint line tenderness	none	none
Popliteal mass	none	none
Crepitation	none	none

<b>Stress Testing:</b>	<b><u>Right</u></b>	<b><u>Left</u></b>
Anterior drawer	negative	negative
Posterior drawer	negative	negative
Valgus stress in extension	negative	negative
Valgus stress in 30° of flexion	negative	negative
Varus stress in extension	negative	negative
Varus stress in 30° of flexion	negative	negative
Lachman's test	negative	negative
Pivot-shift test	negative	negative

<b>Patella:</b>	<b><u>Right</u></b>	<b><u>Left</u></b>
Q-angle	under 11°	under 11°
Quad inhibition	normal	normal
Fairbank's test	normal	normal

<b>Motor Strength:</b>	<b><u>Right</u></b>	<b><u>Left</u></b>
Quadriceps	4+	4+
Hamstrings	4+	4+
Gastrocnemius	4+	4+
Hip extension	4+	4+
<b>Meniscal Signs:</b>	<b><u>Right</u></b>	<b><u>Left</u></b>
Apley grinding	negative	negative
McMurray's sign	negative	negative
<b>Ankle &amp; Foot:</b>	<b><u>Right</u></b>	<b><u>Left</u></b>
Deformity	no	no
<b>Lumbosacral Spine:</b>	<b><u>Right</u></b>	<b><u>Left</u></b>
Flexion	90°	
Extension	30°	
Lateral bending	45°	45°
<b>Neurological Status:</b>	<b><u>Right</u></b>	<b><u>Left</u></b>
Knee deep tendon reflexes	2+	2+
Ankle deep tendon reflexes	2+	2+
Sensory	normal	normal
Motor	normal	normal
<b>Vascular Status:</b>	<b><u>Right</u></b>	<b><u>Left</u></b>
Femoral	2+	2+
Dorsalis pedis pulses	2+	2+
Posterior tibial pulses	2+	2+

<b>Measurements:</b>	<b><u>Right</u></b>	<b><u>Left</u></b>
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 knee arthroplasty.
- The patient would be an excellent candidate to consider knee 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, infection and unsuccessful outcome. I have also discussed further conservative care, including the use of non-steroid anti-inflammatory medications and protect weight bearing.
- Conservative 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.