### Robert Martinez, M.D.

Arthroscopic Shoulder Surgery Joint Replacement

3033 Winkler Avenue, Ste. 100

Do you take the supplement, Glucosamine & Chondroitin?

#### **Brad Castellano, DPM**

Fort Myers, FL 33916

Foot & Ankle Specialty



# Ronald D. Gardner, M.D.

Arthroscopic Reconstructive Surgery Joint Replacement

GardnerOrthopedics.com

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Hip & Knee Joint Replacement

Daniel J. Harmon, D.O.

Adult Reconstruction
of the Hip & Knee

Phone: (239) 277-7070 Fax: (239) 277-7071

Yes \_\_\_\_ No \_\_\_\_

Name:		_Date:	DOB	:	Account #:						
Height:V	Veight:										
<b>BODY PART</b> :											
-The "BODY PART" identified for <b>today's appointment</b> . (Please Circle)											
<u>Left</u> or <u>Right</u> : Kı	nee Hip	Shoulder	Foot	Ankle	Other:						
-The "BODY PART" was not	rmal until when?										
-Pain level on "1-to-10" s	cale ( <u>Note</u> : "10" is	s consistent with	LOSS OF CON	SCIOUSNESS):							
-What does your pain keep											
DESCRIBE YOUR PA	IN:										
	ACHY STABBIN	ng Sharp	DULL	Burning	ELECTRICAL						
						_					
-Are you or have you eve	r taken me <u>dicine t</u>	to decrease your	pain?		Yes	_ No					
Ibuprofen Aspirin N	laproxen Melo	xicam Celebre	xTramad	dol							
-Have you ever taken ste	roids or had medi	ints?	Yes	No							
*If so, which joint and wh	nen, then, ho <u>w mu</u>	uch pain relief di	<u>d</u> you get (c	ircle)?							
Non	<u>e 25% 509</u>	<u>75%</u> 95	<u>100%</u>								
IN GENERAL:											
-Have you ever had a DEX	KA or bone density	y test?			Yes	_ No					
If so, where & wh	nen was your last	exam?									
-Have you ever been told	•	steoporosis" or "	Osteopenia	<u>"</u> ?	Yes	_ No					
-Do you take medicine, h	nes?	Yes	No								
If so, what and fo	or how long?										

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Arthroscopic Reconstructive Surgery Joint Replacement

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W. Andrew Hodge, M.D. Hip & Knee Joint Replacement

Daniel J. Harmon, D.O.

Adult Reconstruction

Phone: (239) 277-7070

Yes \_\_\_\_ No \_\_\_\_

Fax: (239) 277-7071

of the Hip & Knee

\_\_Date: \_\_\_\_\_\_DOB: \_\_\_\_\_\_Account #:\_\_\_\_\_ Name: \_\_\_\_\_ For KNEES ONLY: -Do you have swelling? Yes \_\_\_\_ No \_\_\_\_ -Can you sleep on your side with your knees touching/resting on each other? Yes \_\_\_\_ No \_\_\_\_ -Does it hurt to "twist" your knee when: Getting into and out of your car? Yes \_\_\_\_ No \_\_\_\_ Walking with a sudden "pivot/twist" in one direction or another? Yes \_\_\_\_ No \_\_\_\_ Tapping something out of your path with a 'twist" of your foot? Yes \_\_\_\_ No \_\_\_\_ -Can you squat? Yes \_\_\_\_ No \_\_\_\_ What's worse (circle): Going "down" into the squat or coming "up" out of it? -Does it vour knee "lock" on vou? Yes \_\_\_\_ No \_\_\_\_ ("Locking" is when your knee is straight & you can't bend it...or vise/versa) -Does it "give-way"? Describe: Yes \_\_\_\_ No \_\_\_\_ -Can you go "up" & "down" stairs? What is worse (circle) Up Down Yes No For HIPS ONLY: -Where is your pain located? "Front" (groin area).... "Side".... "Lower Back Area" -Do you have pain with any of the following activities: Bend forward to touch your toes? Yes \_\_\_\_ No \_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Put your shoes and socks on? Cross affected leg over the other? Sleep on the affected side? Yes No -Does your pain radiate: Yes \_\_\_\_ No \_\_\_\_ Down into your knee(s)? Below the knee and into your foot? Yes No For SHOULDERS ONLY: -Are you able to tuck in your shirt behind you without pain? Yes \_\_\_\_ No \_\_\_\_ -Are you able to do any of the following activities without pain: Yes \_\_\_\_ No \_\_\_\_ Reach behind you? Sleep on your shoulder? Yes \_\_\_\_ No \_\_\_\_ -Does your pain radiate: Down into your hand(s)? Yes \_\_\_\_ No \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ To your neck? -Can you reach up in front of you to get things from a cabinet? Yes \_\_\_\_ No \_\_\_\_

-Is it painful to bring your elbow up to 90 degrees? (Chicken Wing)