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Joint Replacement

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of the Hip & Knee

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Name: _____ Date: _____ DOB: _____ Account #: _____

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 your knee "lock" on you? 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 ___
 - Put your shoes and socks on? Yes ___ No ___
 - Cross affected leg over the other? Yes ___ No ___
 - Sleep on the affected side? Yes ___ No ___
- Does your pain radiate:
 - Down into your knee(s)? Yes ___ No ___
 - 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:
 - Reach behind you? Yes ___ No ___
 - Sleep on your shoulder? Yes ___ No ___
- Does your pain radiate:
 - Down into your hand(s)? Yes ___ No ___
 - To your neck? Yes ___ No ___
- 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) Yes ___ No ___