## Thomas Kremen, MD

ORTHOPAEDIC SURGERY AND SPORTS MEDICINE



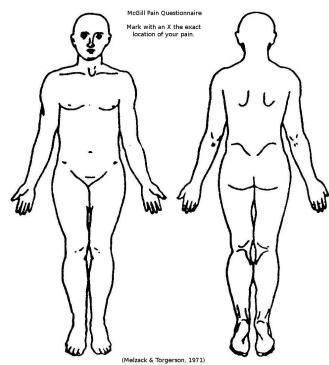
## **New Knee Patient Intake Questionnaire**

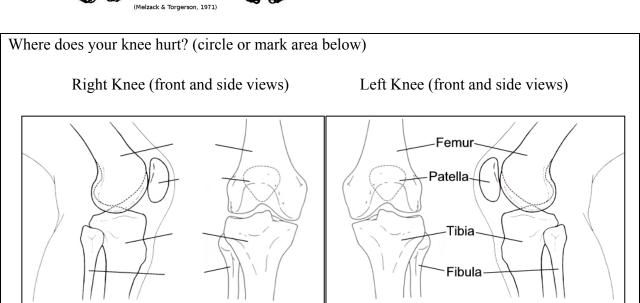
## PLEASE PRINT

Please provide your referring physician's name, address (if known, if not list the city) and phone
number (if known):
What problem brings you in today (circle <b>ONE</b> item from each line below)?
Left Knee Right Knee Both Left and Right (which side is worse?)
Pain Swelling Unstable joint Decreased motion Other:
Do you have any catching, locking or bones moving out of place? □Yes □No
How long has your knee hurt? (how many days, weeks, months, or years?)
Was this knee problem the result of a specific injury or no specific injury? (Generally injuries that occurred many years ago and did not causing constant disability can be considered no specific injury)
□Yes, my injury was:
□No specific injury
Here gavers would von sets von bross sein en a goals of 1 to 102
How severe would you rate your knee pain on a scale of 1 to 10? (refer to scale below)
0 1 2 3 4 5 6 7 8 9 10
No pain Moderate Worst pain possible pain
No pain Mild Discomforting Distressing Horrible Excruciating

How would you rate your knee today as a percentage of normal (0% to 100% scale with 100%			
being normal)?	_%		

Circle any previous treatments:	Physic	alTherapy	Injection	n Sur	gery
Have you taken NSAIDs? □Yes	□No	Did they help w	ith your pain?	□Yes	□No
Examples of NSAIDs: ibuprofen (advil, Motrin), Naproxen (Naprosyn/Aleve), Diclofenac (Voltaren), Meloxicam (Mobic)					





## Please check all that apply:

CARDIOVASCULAR  □Chest Pain □Irregular heart beat □Poor circulation □Dizziness □Rapid heart rate □Swelling of ankles	IMMUNOLOGIC  □ Autoimmune disease □ Rheumatoid arthritis □ Psoriasis □ Ankylosing spondylitis □ Are you HIV positive? □ Joint infections in the	PSYCHIATRIC  □Anxiety □Depression □Panic attacks □Restlessness □Bipolar disease
CONSTITUTIONAL  ☐Chills/fever	past □Bone infections in the	□Attempted suicide in the past
□Fainting □Headache □Loss of sleep □Unplanned weight loss	past Chronic infections anywhere in the body	RESPIRATORY  □Cough □Shortness of breath
□Loss of appetite □Night sweats	INTEGUMENTARY ☐ Skin rashes or eruptions	□Wheezing □Coughing up blood □Pneumonia
<u>ENDOCRINE</u>	☐ Bruises	ar neumonia
□Rapid weight loss/gain □Intolerance to warm room	☐ Redness ☐ Draining wounds	DENTAL:  ☐Dental infections
□Multiple broken bones □Cessation of menstrual periods □Excessive hunger/thirst □Loss of libido □Thyroid disease	MUSCULOSKETAL  □Multiple joint pains □Lower back pain □Neck pain □Broken bones □Joint replacements	□Gum disease
□Diábetes □Pregnant?	NEUROLOGIC	
□Low Vitamin D	☐ Fainting	
HEMATOLOGIC  Swollen lymph nodes	☐ Headaches☐ Numbness of arms or legs	
□Easy skin bruising □Prolonged bleeding from cuts, tooth extractions □Blood clots in the past? □Sickle cell disease	☐ Electric pain in arms or legs ☐ Seizures	
	☐ Tingling of hands, feet, arms or legs ☐ Bowel incontinence	
	☐ Bladder incontinence	
	(spilling urine abnormally)	

		Cancer, Heart attack, Stroke, high blood eumatoid arthritis, Thyroid problems, Marfar	ns,
Have you ever had <u>surgery</u> in the broken bone surgical repair, pacen		dder removed, appendix removed, tonsils re urgery, spine surgery)	 moved,
		_	
Current Medications:			
Name of Medication	Dose	How often do you take it?	
		Ex: twice a day, once a week	
Allergies to medications and type	e of reaction:		

Family History of Med	dical Problems	s: If yes, exp	lain
• Father:	□Yes	□No	
Mother:	□Yes	□No	
Grandparents:	□Yes	□No	
• Siblings:	□Yes	□No	
Social History:			
Do you smoke? (includes cigars/pipes/vapi		□No If ye	s, how many packs per day?
Do you drink alcohol?	□Yes	□No If ye	s, how many <u>drinks per week</u> do you drink?
Do you use any other	drugs?	□Yes □N	o If yes, what substances do you use? How often do you use these substances?
Occupation:			
With whom do you liv	e currently (ci	rcle one)?	
Alone Parent(s	) Spouse	(significant o	ther) Homeless Other:
		_	AVE THIS SPACE BLANK r office use only)
<u>PE:</u>		(10	office use offig)
PLAN:			