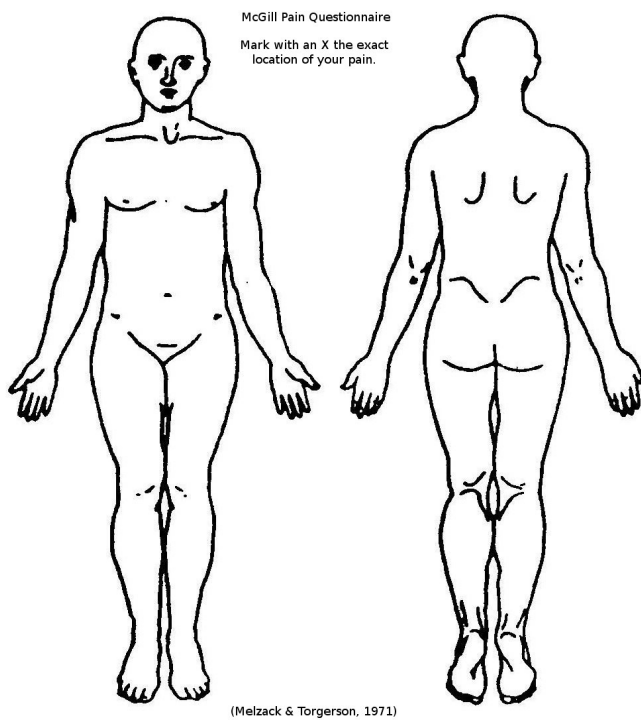


How would you rate your knee today as a percentage of normal (0% to 100% scale with 100% being normal)? _____%

Circle any previous treatments: Physical Therapy Injection Surgery

Have you taken NSAIDs? Yes No Did they help with your pain? Yes No

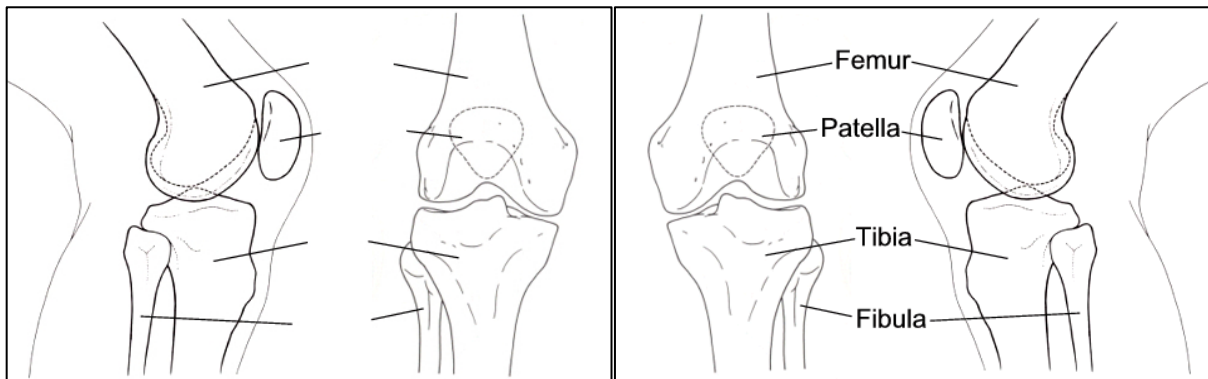
Examples of NSAIDs: ibuprofen (advil, Motrin), Naproxen (Naprosyn/Aleve), Diclofenac (Voltaren), Meloxicam (Mobic)



Where does your knee hurt? (circle or mark area below)

Right Knee (front and side views)

Left Knee (front and side views)



Please check all that apply:

CARDIOVASCULAR

- Chest Pain
- Irregular heart beat
- Poor circulation
- Dizziness
- Rapid heart rate
- Swelling of ankles

CONSTITUTIONAL

- Chills/fever
- Fainting
- Headache
- Loss of sleep
- Unplanned weight loss
- Loss of appetite
- Night sweats

ENDOCRINE

- Rapid weight loss/gain
- Intolerance to warm room
- Multiple broken bones
- Cessation of menstrual periods
- Excessive hunger/thirst
- Loss of libido
- Thyroid disease
- Diabetes
- Pregnant?
- Low Vitamin D

HEMATOLOGIC

- Swollen lymph nodes
- Easy skin bruising
- Prolonged bleeding from cuts, tooth extractions
- Blood clots in the past?
- Sickle cell disease

IMMUNOLOGIC

- Autoimmune disease
- Rheumatoid arthritis
- Psoriasis
- Ankylosing spondylitis
- Are you HIV positive?
- Joint infections in the past
- Bone infections in the past
- Chronic infections anywhere in the body

INTEGUMENTARY

- Skin rashes or eruptions
- Bruises
- Redness
- Draining wounds

MUSCULOSKETAL

- Multiple joint pains
- Lower back pain
- Neck pain
- Broken bones
- Joint replacements

NEUROLOGIC

- Fainting
- Headaches
- Numbness of arms or legs
- Electric pain in arms or legs
- Seizures
- Tingling of hands, feet, arms or legs
- Bowel incontinence
- Bladder incontinence (spilling urine abnormally)

PSYCHIATRIC

- Anxiety
- Depression
- Panic attacks
- Restlessness
- Bipolar disease
- Attempted suicide in the past

RESPIRATORY

- Cough
- Shortness of breath
- Wheezing
- Coughing up blood
- Pneumonia

DENTAL:

- Dental infections
- Gum disease

Do you have any **medical problems**? (Example: Diabetes, Cancer, Heart attack, Stroke, high blood pressure, gastroesophageal reflux, autoimmune disease, Rheumatoid arthritis, Thyroid problems, Marfans, Ehlers Danlos)

Have you ever had **surgery** in the past? (Example: Gall bladder removed, appendix removed, tonsils removed, broken bone surgical repair, pacemaker implanted, cancer surgery, spine surgery)

Current Medications:

Name of Medication	Dose	How often do you take it? Ex: twice a day, once a week

Allergies to medications and type of reaction:

Family History of Medical Problems: If yes, explain

- Father: Yes No
- Mother: Yes No
- Grandparents: Yes No
- Siblings: Yes No

Social History:

Do you smoke? Yes No If yes, how many packs per day? _____
(includes cigars/pipes/vaping)

Do you drink alcohol? Yes No If yes, how many drinks per week do you drink? _____

Do you use any other drugs? Yes No If yes, what substances do you use? _____
How often do you use these substances? _____

Occupation: _____

With whom do you live currently (circle one)?

Alone Parent(s) Spouse (significant other) Homeless Other: _____

**PLEASE LEAVE THIS SPACE BLANK
(for office use only)**

PE:

PLAN: