

**Steven F. Harwin, MD, FACS**

**NAME** \_\_\_\_\_ **Date of Visit** \_\_\_\_\_

**CIRCLE OR FILL IN YOUR ANSWERS** Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**MY PROBLEM IS WITH MY:** Left Right **HIP** Left Right **KNEE** Left Right **SHOULDER**




**I HAVE...**Pain Swelling Tenderness Stiffness Grinding Clicking Limp Weakness Giving Way Loss of Motion

Popping A Lump Other Symptoms: \_\_\_\_\_

**FOR HOW LONG?** \_\_\_\_\_ **or** Since a Specific Date: \_\_\_\_\_

**IT WAS CAUSED BY A:** Fall Trip Slip Auto Accident Exercise Sports Injury Work Injury No Specific Cause

If you can, describe how it happened: \_\_\_\_\_

**MY PAIN IS USUALLY:**  **0** **1** **2** **3** **4**  **5** **6** **7** **8** **9**  **10** **IT IS NOW:** Better Worse The Same  
NONE-----MODERATE-----SEVERE

**I HAVE DIFFICULTY WITH:** Bending Straightening Lifting Rotating Walking Running Standing Sitting

Stairs Chairs Shoes Sleeping Spreading My Leg Other: \_\_\_\_\_

**FOR THIS, I HAVE HAD:** Ibuprofen Naproxen Celebrex Relafen Mobic Voltaren \_\_\_\_\_

Injections: Cortisone Hyalgan Synvisc (When? \_\_\_\_\_) Rehab (PT) Brace Other \_\_\_\_\_

**DID YOU HAVE AN MRI OF THIS JOINT?** \_\_\_\_\_ When? \_\_\_\_\_ Results: \_\_\_\_\_

**HAVE YOU BEEN TOLD YOU NEED SURGERY?** Yes No What Kind? \_\_\_\_\_

**HAVE YOU HAD SURGERY ON THIS JOINT BEFORE?** Yes No Type/Surgeon/Hospital/Date: \_\_\_\_\_

**AFTER THE SURGERY I WAS:** Better (For how long? \_\_\_\_\_) The Same Worse

**PAST MEDICAL HISTORY: Have you ever had:** Angina Heart Attack\*\* High Blood Pressure Diabetes

Emphysema COPD Asthma Sleep Apnea Urine Infection Kidney Problems\*\* Dialysis Open Skin Sores\*\*

Leg Edema Phlebitis Blood Clots (DVT)\*\* Circulation Problems\*\* Stomach Ulcers Bleeding Problems\*\*

Sickle Cell Hepatitis A B C AIDS (HIV disease) Stroke Cancer\*\* Sciatica Lupus Depression Anxiety

Osteoarthritis Gout Rheumatoid Arthritis Joint Infection\*\* Other Problems \_\_\_\_\_

**Past or Current Intake of:** Alcohol IV Drugs Cigarettes Cortisone-Prednisone-Steroids\*\* Coumadin\*\* Plavix\*\*

**\*\*Describe what kind/when, etc.** \_\_\_\_\_

**PAST OPERATIONS:** \_\_\_\_\_

**SOCIAL HISTORY:** Single Married Divorced Widowed Partnered **I will accept blood transfusion:** Yes No

**ALLERGIES/SIDE EFFECTS:** No Yes **TO WHICH MEDICATION?** \_\_\_\_\_

Hives Rash Breathing Difficulty Swelling Nausea Cramps Diarrhea Kidney/Liver problems Bleeding Ulcers

**CURRENT MEDICATIONS:** \_\_\_\_\_