

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

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

**CIRCLE OR FILL IN YOUR ANSWERS** Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI (for office staff) \_\_\_\_\_

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

**I HAVE:** Pain Swelling Stiffness Limp Weakness Loss of Motion Giving Way Grinding \_\_\_\_\_

**FOR HOW LONG?** \_\_\_\_\_ **CAUSED BY:** Auto Accident Work Injury No Specific Cause \_\_\_\_\_

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

**I HAVE DIFFICULTY WITH:** Walking Sitting Standing Bending Straightening Rotating Stairs Chairs  
Putting on Shoes Spreading My Leg Sleeping All Activities of Daily Living Other: \_\_\_\_\_

**HOW MANY BLOCKS CAN YOU WALK?** \_\_\_\_\_ **WHEN I WALK, I USE:** Cane Walker Crutches Nothing

**NON-SURGICAL TREATMENT:** Physical Therapy Anti-Inflammatory Medications Injections Brace **for 3 months**

**WERE YOU TOLD OF NEEDING JOINT REPLACEMENT?** Yes No **BY WHOM?** \_\_\_\_\_

**PRIOR SURGERY ON THIS JOINT?** Yes No Type/Surgeon/Hospital/Date: \_\_\_\_\_

**PAST MEDICAL HISTORY:** Angina Heart Attack High Blood Pressure Diabetes Emphysema COPD Asthma  
Sleep Apnea using CPAP Kidney Problems\* 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 Depression Anxiety Osteoarthritis Rheumatoid Arthritis Gout Lupus  
Joint Infection\* Drug Dependency\* Pain Management\* Fibromyalgia \_\_\_\_\_

**\* Explain Starred Items** \_\_\_\_\_

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

**REVIEW OF SYSTEMS: Any problems with \* :** Head Eyes Ears Nose Throat Neck Breasts Lungs Heart  
Gastrointestinal Genitourinary Vascular Musculoskeletal Neurological Hematologic Endocrine Psychiatric

**\* Circle and Explain:** \_\_\_\_\_

**SOCIAL HISTORY:** S M D W Partnered      [ ] **I am a Jehovah's Witness and will not accept blood**

**FAMILY HISTORY:** \_\_\_\_\_ **ALLERGIES:** No Yes **TO WHICH MEDICATION?** \_\_\_\_\_

**CURRENT INTAKE OF:** Alcohol\* IV Drugs\* Narcotics\* Cigarettes\* Cortisone-Steroids\* Blood Thinners\*

**PAST INTAKE OF:** Alcohol\* IV Drugs\* Narcotics\* Cigarettes\* Cortisone-Steroids\* Blood Thinners\*

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

**PHARMACY NAME, ADDRESS, PHONE:** \_\_\_\_\_

**I reviewed this information today:** 

**Steven F. Harwin, MD, FACS** (2-18)