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)*