



New Patient Questionnaire

PATIENT INFORMATION

Name:

Date of birth:

Visit date:

How would you like Dr. Keating to address you?
E.g. for John Smith: Mr. Smith, John, Jim

Who sent you to come see us?
PCP, friend, Internet, call center, other...

Who is your Primary Care Provider?

What are you hoping to get out of your visit with Dr. Keating?

JOINT PAIN QUESTIONNAIRE

Where is your pain located? *If not listed below, describe here:*

Left knee

Right knee

Left hip

Right hip

For knee pain, please answer the following:

Where is it located?

Medial side

Lateral side

Towards other knee

Away from other knee

Under knee cap

Back of knee

Shin

All over

For hip pain, please answer the following:

Where is it located?

Groin

Buttock

Side of hip

Thigh

To the knee

Past the knee

Rate your knee stiffness when you wake up: None Mild Moderate Severe Extreme

How long have you had this pain?

< 6 months 6-12 months >1 year >5 years

Is your pain...

Getting worse

Constant

Staying the same

Frequent

Getting better

Once in a while

How would you rate your pain from 0 - 10, with 10 being the worst pain of your life:

Circle a number: 0 1 2 3 4 5 6 7 8 9 10

How would you describe your pain?

Sharp Aching Throbbing Burning Electric shock

Have you experienced any of the following?

Stiffness Swelling
 Numbness Weakness

Do you have a limp?

None Minimal
 Moderate Severe

Do you use an assistive device?

None Cane Walker Wheelchair

In the last week, how much pain have you had during the following activities:

Please check a selection ✓	None	Mild	Moderate	Severe	Extreme
Twisting/pivoting					
Straightening hip or knee fully					
Going up or down stairs					
Walking on an uneven surface					
Standing upright					

In the last week, what effect has your painful joint had on the following activities?

Please check a selection ✓	None	Mild	Moderate	Severe	Extreme
Sitting					
Rising from sitting					
Bending to floor, picking up an object					

Have you tried any of the following?

Advil/Aleve Tylenol Aspirin
 Meloxicam Celebrex Tramadol
 Opiod - *Norco, Vicodin, etc.*

Have you had injections into the joint?

None Yes, steroid/cortisone
 Yes, gel - Synvisc, GelOne, etc.
 Yes, other:

Have you participated in...

Formal physical therapy Self-directed exercise program Other regular exercise:

Have you ever had surgery before?

Never
 Yes, joint that Dr. Keating is evaluating:
 Yes, elsewhere in body:

MEDICAL HISTORY

Height:

Weight:

Have you ever been diagnosed with:

- | | | | |
|--|--------------------------------------|---|---|
| <input type="checkbox"/> Heart attack | <input type="checkbox"/> Blood clot | <input type="checkbox"/> Kidney problem | <input type="checkbox"/> MRSA infection |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Sleep apnea | <input type="checkbox"/> Liver problem | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Diabetes, last A1C: | <input type="checkbox"/> CPAP/BiPAP | <input type="checkbox"/> Lung problem | |

Do you have any allergies?

- No Yes:

Do you have any sensitivities to metals?

- No Yes

Current medications: *Attach list as needed*

In the last two years, have you had a fall?

- No Yes

If yes, did this fall result in an injury?

- No Yes

SOCIAL HISTORY

What kind of work do you do?

- Mom/Dad Manual labor Desk job Retired Other:

Who lives at home with you?

Who is your support person if you need surgery?

Do you use any nicotine products?

- No Yes, include type and frequency:

Do you regularly use any illicit substances?

- No Yes:

How often do you have an alcoholic drink?

- Never Monthly or less
 2-4 times a month
 Weekly, days per week:

If you do drink alcohol:

1. When you do drink, how many drinks do you typically have in one sitting?
2. How many times in the last year have you had more than 8 drinks (6 drinks for women) in one sitting?

FAMILY HISTORY

To your knowledge, has anyone in your family experienced any of the following:

- Problems with anesthesia Hereditary bleeding or blood clot disorders
 Other hereditary disorders that we should know about:

