Kamran Movassaghi, MD
Pasadena Orthopedics

Patient Medical Health Profile

Patient Name _____

Date of Birth_____ Age _____ [ ] Male [ ] Female

Referring Physician / Individual / Orthopaedic Surgeon (Circle One)

Name _____

Address_____

Phone#_____Fax# _____

Would you like correspondence sent to the above person? [ ] Yes [ ] No

Reason for Visit (Check all that apply)

Hip pain	[ ] Right	[ ] Left	[ ] Both
Groin pain	[ ] Right	[ ] Left	[ ] Both
Thigh pain	[ ] Right	[ ] Left	[ ] Both
Knee pain	[ ] Right	[ ] Left	[ ] Both
Neck/Back pain	[ ] Neck	[ ] Mid back	[ ] Low back

Treatments To Date

[ ] Injections [ ] Therapy [ ] Anti-inflammatory Medicine

(Did any of the above improve symptoms? Y/N)

Briefly Describe Your Symptoms:

_____

_____

_____

Duration of Pain/Symptoms

[ ] Days [ ] Weeks [ ] Months [ ] Years

Onset of Pain

[ ] Spontaneous [ ] Gradual [ ] Traumatic

Pain Level (choose one)

[ ] No pain
[ ] Mild/Occasional; does not compromise activities; occurs after periods of increased activity
[ ] Mild with stair climbing
[ ] Mild with all walking and stair climbing
[ ] Moderately severe pain, but occasional; forces concessions in daily living; requires Tylenol #3, Vicodin, Lortab, Advil, Celebrex, or Vioxx.
[ ] Moderately severe; continuous pain
[ ] Severe pain; serious limitations and disabling

Do you have trouble sleeping because of your pain?

[ ] Never [ ] Occassionally [ ] Every night

What makes the pain better?_____

Do you feel that you limp?

[ ] No limp [ ] Moderate limp [ ] Unable to walk
[ ] Slight limp [ ] Severe limp

Do you use any assist devices (cane, crutches or walker)?

[ ] None
[ ] 1 cane for long walks
[ ] 1 cane at all times

[ ] 2 canes
[ ] 1 crutch

[ ] 2 crutches
[ ] walker
[ ] unable to walk

How far can you walk before your pain stops you?

[ ] Unlimited walking [ ] Less than 2 blocks
[ ] More than 10 blocks/30 min [ ] Indoors only
[ ] 2-10 blocks/15 min [ ] Unable to walk

Do you have difficulty walking stairs?

[ ] No difficulty. No need for banister. Reciprocal stairs
[ ] Normal up, difficulty going down
[ ] Reciprocal stairs (one after another) but need banister up or down
[ ] Much difficulty. One stair at a time and need banister.
[ ] Unable to walk stairs

Are you able to put on sock and shoes and tie shoes?

[ ] With ease [ ] With difficulty [ ] Need help, unable to do alone

How long can you sit comfortably?

[ ] 1 hour in any chair [ ] less than 1 hour in raised chair [ ] Unable

What is your usual mode of transportation?

[ ] Personal car [ ] Van [ ] City Bus [ ] Medi Van [ ] Ambulance

MEDICAL HISTORY

[ ] Problems with anesthesia [ ] Diabetes
[ ] History of bleeding disorders [ ] Stroke/TIA's
[ ] High blood pressure/hypertension [ ] Hypothyroidism
[ ] Heart attack/MI/Coronary artery disease [ ] Osteoporosis
[ ] Blood clots in legs or lungs [ ] Hepatitis A, B, or C
[ ] Cancer - Breast, Lung, Prostate, or Colon [ ] HIV

SURGICAL HISTORY

Date of Procedure	**Type of Procedure**	**Surgeon**	**Hospital**

1._____

2._____

3._____

4._____

MEDICATIONS [ ] None

Please list all medications with dose and frequency and reason for medication.

Medicine	**Dose**	**Frequency**	**Reason Taken**

ALLERGIES

[ ] None [ ] Penicillin [ ] Sulfa drugs
[ ] Other_____

What was adverse reaction?_____

OCCUPATION_____

[ ] Working [ ] Retired [ ] Disabled

MARITAL STATUS

[ ] Single [ ] Married [ ] Separated
[ ] Divorced [ ] Widowed

SMOKING/ALCOHOL CONSUMPTION

[ ] Smokes, _____ packs per day
[ ] Alcohol, _____drinks/day, _____ drinks/week
[ ] History of substance abuse?

FAMILY HEALTH HISTORY

Father [ ] Living [ ] Deceased

____ Age Died of _____

Medical Conditions _____

Mother [ ] Living [ ] Deceased

____ Age Died of _____

Medical Conditions _____

Siblings [ ] Living [ ] Deceased

____ Age Died of _____

Medical Conditions _____

Siblings [ ] Living [ ] Deceased

____ Age Died of _____

Medical Conditions _____

REVIEW OF SYSTEMS

Do you have any of the following symptoms? Please check all that apply.

General Health

[ ] None [ ] Persistent fevers [ ] Chills [ ] Weight Gain
[ ] Nausea [ ] Vomittinng [ ] Fatigue [ ] Weight Loss

Head/Ears/Nose/Throat

[ ] None [ ] Glaucoma [ ] Cataracts [ ] Sinusitis
[ ] Headaches [ ] Hearing aids [ ] Dental Problems

Pulmonary/Lungs

[ ] None [ ] COPD Comments _____

[ ] Asthma [ ] Shortness of breath

Cardiovascular/Heart

[ ] None [ ] Chest pain with activity Comments _____
[ ] Chest pain at rest [ ] Palpitations [ ] Prior heart surgery

Neurological

[ ] None [ ] TIA [ ] Seizures
[ ] Stroke [ ] Tremor [ ] Numbness in hands or feet

Gastrointestinal

[ ] None [ ] Ulcers [ ] Heartburn
[ ] Reflux [ ] Bleeding [ ] Adverse reactions to NSAID's

Urinary Tract

[ ] None [ ] Urinary freqency (at night) [ ] Prostate cancer
[ ] Incontinence [ ] Pain with voiding (dysuria) [ ] BPH

Hematology/Lymph nodes

[ ] Normal [ ] Anemia [ ] Bleeding/clotting disorders [ ] Swollen nodes

Endocrine

[ ] Normal [ ] Diabetes [ ] Hypothyroidism [ ]Hyperthyroidism

Musculoskeletal

[ ] Require use of assist devices [ ] Perceived leg length difference
[ ] Neck or back pain [ ] Right shorter [ ] Left shorter

Skin

[ ] Normal [ ] Skin Ulcers [ ] Rashes [ ] Psoriasis

Psychiatric

[ ] Normal [ ] Depression [ ] Anxiety Disorders

PHYSICAL EXAM (Physician to fill out)

Ht:	Wt:	Temp:	BP:	HR:	RR:

Gait [ ] Antalgia [ ] Shortened Stance Phase
[ ] Foot Progression in ER [ ] Uses hands to arise from chair

Skin/Nodes [ ] Clear [ ] Rashes [ ] Ulcers

HEENT [ ] OP clear [ ] Dentures [ ] Dentition (Good/Poor)

C-Spine [ ]FROM [ ] Limited F/E

Chest/CV [ ] CTAB [ ] Wheezing [ ] Murmur

ABD

L-Spine [ ] FROM [ ] Limited F/E

Hip

	Right	Left
Incisions		
F/E		
AB/AD		
ER/IR		
Obligate ER?		
Stinchfield/Roll		
GT TTP		

Knee

	Right	Left
Incisions		
Alignment	Varus / Valgus	Varus / Valgus
Effusion	Y / N	Y / N
PF Crepitus	Y / N	Y / N
Grind/Inhibition	Y / N	Y / N
ROM		
Pseudolaxity	M / L	M / L
Lach/PD		
Full Flex MT Signs	Y / N	Y / N
Mc Murray	Y / N	Y / N
JLTP	M / L	M / L

NVE

	Right	Left
Motor/Sensory		
Pulses	DP/PT	DP/PT

Radiologic Studies

[ ] AP Pelvis/hip [ ] WNL [ ] DJD (R/L/B) [ ] Fracture
[ ] ON [ ] Prior THA (well fixed Y/N)

[ ] Knees (3V) [ ] WNL [ ] DJD (R/L/B) [ ] Fracture
[ ] Prior TKA (well fixed Y/N)

[ ] MRI ___/___/___ _____

[ ] CT Scan ___/___/___ _____

AP

Hip/ Knee DJD	PT/IAJ	THA		TKA
Failed THA/TKA	Aspiration CBC/ESR/CRP	CT	revTHA/TKA	
Infected THA/TKA	Aspiration CBC/ESR/CRP	CT	2 stage TX plan	