

**Pasadena Orthopedics
Kamran Movassaghi MD**

Patient Medical Health Profile

Patient Name _____ Preferred Phone# _____

Date of Birth _____ Age _____ [] Male [] Female

Home Address: _____

Email: _____ Pharmacy: _____

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

Briefly Describe Your Symptoms and the location of pain:

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
- Occasionally
- Every night

What makes the pain better? _____

Do you feel that you limp?

- No limp
- Slight limp
- Moderate limp
- Severe limp
- Unable to walk

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
- More than 10 blocks/30 min
- 2-10 blocks/15 min
- Less than 2 blocks
- Indoors only
- 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

Treatments To Date

Injections Therapy Anti-inflammatory Medicine

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

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

<u>Date of Procedure</u>	<u>Type of Procedure</u>	<u>Surgeon</u>	<u>Hospital</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

MEDICATIONS None

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

<u>Medicine</u>	<u>Dose</u>	<u>Frequency</u>	<u>Reason Taken</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ALLERGIES

None Penicillin Sulfa drugs Metals (Nickel)
 NSAIDS 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?

HOME

Who lives with you at?

Do you live in a house or apartment?

How many stairs do you have to get inside your home?

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 Vomittingng 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 frequency (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