



ROPER ST. FRANCIS

PHYSICIAN PARTNERS

Patient History

Name: _____ Date: _____

Referring MD: _____ Primary MD _____

CHIEF COMPLAINT (circle the main reason for today's visit):
Right hip Left hip
Right knee Left knee
Other

HISTORY OF PRESENT ILLNESS

(circle choices or fill in blanks)

The main problem is: pain, stiffness, swelling, instability, difficulty walking, other _____

When did, the injury occur or problem start? _____

Pain Severity: none, mild, moderate, severe

When does it bother you most? Walking, stairs, lying down, other _____

Does this limit activities? Walking, stairs, exercise, work, housework, sleeping, donning socks/shoes,
other _____

Does this cause falls or make you nervous about falling or your safety? Yes No

Any prior surgery in the involved area? Yes No

Have you seen an orthopaedist for current problems? Yes No

Do you smoke? Yes No

Circle any you have tried for this: medication, weight loss, physical therapy injection(s), brace, shoe inserts, walker, cane, crutch

FAMILY MEDICAL HISTORY

(Any blood relatives with arthritis or osteoporosis?):

PLEASE LIST DRUG ALLERGIES or [] No Known Drug Allergies:

PAST MEDICAL HISTORY

(Please check below all that apply)

_____ High blood pressure _____ Parkinson's Disease

_____ Diabetes _____ Alzheimer's Disease

_____ Pacemaker/Defibrillator _____ Schizophrenia

_____ Cancer besides minor skin _____ Bipolar

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PLEASE CONTINUE

Patient History

Name: _____

REVIEW OF SYMPTOMS (Please check below all that apply)

- Recent Fever Bleeding tendency
- Unexplained weight loss Burning with urination
- Rash, dermatitis, eczema Kidney Problems
- Psoriasis Fibromyalgia
- Poor or slow healing Chronic or intermittent back pain
- Metal allergy (jewelry irritate skin?) Osteoporosis
- Active dental problems Gout
- Thyroid problems Weakness
- Shortness of breath Numbness
- Sleep Apnea Stroke or mini stroke
- Tuberculosis or TB Exposure Balance problems
- Circulatory problems Depression
- Previous heart problems or stent Severe Anxiety
- History of blood clot/DVT/PE Substance abuse / alcoholism
- Ulcers Anesthesia problems
- Hepatitis/liver problems Infection after surgery
- HIV or AIDS Current or Recent Infection

Other health issues not listed above:

PRIOR SURGERIES (type of surgery and year):

PLEASE PROVIDE LIST OF MEDICATIONS YOU ARE CURRENTLY TAKING: