SAH ORTHOPAEDIC ASSOCIATES
INSTITUTE FOR JOINT RESTORATION

RENEW. RESTORE. RECLAIM.

Patient Intake Form

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Which doctor/colleague referred you here? _____

Where is your pain?
[ ] Right Hip [ ] Right Knee [ ] Back [ ] Left Hip [ ] Left Knee

When did this pain begin? #_____ [ ] years ago [ ] months ago [ ] weeks ago

Rate your pain on a scale of 1-10 (1= minimal, 10 = worst possible) _____

Is your pain: [ ] intermittent [ ] constant

Is your pain:
[ ] getting worse, over the recent #____ years / months / weeks (circle one)
[ ] staying the same [ ] getting better

Is your pain worse with:
[ ] standing [ ] standing for long periods [ ] up stairs
[ ] walking [ ] walking long distances [ ] down stairs
[ ] twisting [ ] getting out of bed [ ] getting out of a chair
[ ] wakes you from sleep at night

If you are having HIP PAIN, where is it located?
[ ] groin [ ] thigh [ ] down below the knee
[ ] side of hip [ ] down to the knee [ ] down to the foot

If you are having KNEE PAIN, where is it located?
[ ] inside of the knee (close to other knee) [ ] front of knee (near kneecap)
[ ] outside of knee (away from other knee) [ ] back of knee

How would you describe your pain?
[ ] sharp [ ] throbbing [ ] burning [ ] dull [ ] tight [ ] achy

Do you have any of the following?
[ ] stiffness [ ] instability [ ] swelling [ ] weakness [ ] numbness

Do you have a limp?
[ ] none [ ] slight [ ] moderate [ ] severe

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How far can you walk prior to experiencing pain?
[ ] unlimited [ ] 7-10 blocks [ ] 4-6 blocks [ ] 2-3 blocks
[ ] indoors only [ ] bed to chair only [ ] unable to walk

Do you need assistance walking?
[ ] none [ ] cane long distances [ ] cane all times [ ] walker [ ] wheelchair

Do you have difficulty with stairs?
[ ] none [ ] one step at a time [ ] use the banister [ ] cannot do stairs

Do you have difficulty putting on your shoes and socks?
[ ] none [ ] with difficulty [ ] unable

Can you sit in a chair comfortably?
[ ] any chair for more than 1 hour [ ] high chair for ½ hour
[ ] unable to sit for ½ hour

Can you get up from a chair?
[ ] normally [ ] must use arms [ ] difficult even when using arms
[ ] require assistance

Have you tried any of the following medications?
[ ] Tylenol [ ] Aspirin [ ] Celebrex [ ] Motrin [ ] Aleve [ ] ibuprofen
[ ] other _____

Have you tried injections?
[ ] no
[ ] yes-
[ ] steroids [ ] synvisc/rooster comb/hyaluronic acid [ ] unsure
how many injections? _____

Have you tried any of the following?
[ ] knee bracing [ ] knee compression sleeve [ ] weight reduction
[ ] physical therapy [ ] home exercises
[ ] chiropractor [ ] acupuncture
[ ] other _____

Do you currently have any conditions involving the following?

Constitutional:
fevers/chills [ ] yes [ ] no
weight loss [ ] yes [ ] no

Eyes:
changes in vision [ ] yes [ ] no
glaucoma [ ] yes [ ] no

Ears, mouth, throat:
changes in hearing [ ] yes [ ] no
active dental problem [ ] yes [ ] no

Cardiovascular:
Palpitations [ ] yes [ ] no
chest pain [ ] yes [ ] no
heart murmur [ ] yes [ ] no

Respiratory:
shortness of breath [ ] yes [ ] no
sleep apnea [ ] yes [ ] no

Gastrointestinal:
nausea [ ] yes [ ] no
bowel/bladder change [ ] yes [ ] no
ulcer [ ] yes [ ] no
kidney problems [ ] yes [ ] no
liver problems [ ] yes [ ] no

Endocrine:
Diabetes [ ] yes [ ] no
Thyroid disease [ ] yes [ ] no

Integumentary:
new rashes or lesions [ ] yes [ ] no

Neurological:
New numb/weakness [ ] yes [ ] no
seizures/epilepsy [ ] yes [ ] no

Psychiatric:
Depression [ ] yes [ ] no
Schizophrenia [ ] yes [ ] no

Hematologic:
Blood clots [ ] yes [ ] no

Name: _____ **Date:** _____