



42576

·Please check any of the following conditions you have or have had in the past.
·If you are unsure, please ask a staff member to assist you in filling out this form.

You may check more than one condition.

Medical Condition History Check this box if you have **no** medical problems no medical problems

- Alcoholism
- Anemia
- Anxiety
- Asthma
- Arthritis - rheumatoid (verified with blood test)
- Arthritis - osteo, degenerative
- Blood Clot Year
- Blood Transfusion Year
- Bowel disease
- Cancer (specify) _____
- Cardiac Arrhythmia (Abnormal heart rate)
- Congestive Heart Failure
- Coronary Artery Disease (Angina)
- Cerebrovascular Disease (Stroke)
- COPD (Chronic Obstructive Pulmonary Disease)
- Diabetes
- Depression
- Fibromyalgia
- GERD
- Gout
- Heart Attack Year
- Hypertension (High Blood Pressure)
- Hypercholesterolemia (Elevated Cholesterol)
- Hypothyroidism
- Kidney Disease
- Liver Disorder - Cirrhosis
- Liver Disorder - Hepatitis
- Lung Disease
- Osteomyelitis
- Parkinson's
- Ulcer Disease
- Other (specify all other) _____

Surgery/ Procedures These are non-orthopaedic procedures. Please check any procedures you have had and give the year.

Have you ever had surgery? Yes No

Ear, Nose, Throat Surgeries

- Deviated Septum -----
- Sinus Repair -----
- Tonsillectomy -----
- Tracheostomy -----
- Vocal Cord Surgery -----

Gastrointestinal Surgeries

- Appendectomy -----
- Cholecystectomy (Gallbladder removed) -----
- Colon Resection -----
- Exploratory Laproscopy -----
- Hernia -----
- Femoral Incisional Inguinal Umbilical
- Liver Resection -----
- Small Bowel Obstruction Repair -----
- Splenectomy -----

Gynecologic Surgeries

- Hysterectomy -----
- Oophorectomy -----
- Ruptured ectopic -----
- Laprascopy -----
- C-Section -----

Urologic Surgeries

- Bladder Suspension -----
- Bladder Removed -----
- Lithotripsy (Stone Machine) -----
- Prostatectomy (Prostate Removed) -----
- Vasectomy -----

General Surgeries

- Breast Biopsy .. Right Left Bilateral ..
- Mastectomy -- Right Left Bilateral ..
- Thyroid Surgery -----
- Whipple -----

Heart (Cardiac) Surgeries

- CABG_ # arteries 1 2 3 4 4+ -----
- Valve -- Aortic Mitral Tricuspid -----
- Angioplasty -----
- Defibrillator -----
- Pace Maker -----

Vascular Surgeries

- Bypass Graft - Legs -----
- Vascular Access -----
- AAA -----
- Thoracic Aneurysm -----

Thoracic Surgeries

- Chest Tube -----
- Pulmonary -----
- Pectus -----

Neurosurgeries

- Brain Tumor ----- Malignant Benign ..
- Brain Aneurysm -----
- Chiari Decompression -----
- Spinal Cord Tumor_ Malignant Benign ..
- Epidural Injection -----
- Abscess -----
- Stent -----



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Orthopaedic Surgery/ Procedures

Please check any procedures you have had and give the year.

Most Recent Year

Previous Surgery Year

(if same surgery performed more than once)

Broken Bones/Fracture Repair Surgeries

- Fracture Repair - Finger ----- Right Left Bilateral -----

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- Fracture Repair - Hand ----- Right Left Bilateral -----

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- Fracture Repair - Wrist ----- Right Left Bilateral -----

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- Fracture Repair - Arm ----- Right Left Bilateral -----

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- Fracture Repair - Elbow ----- Right Left Bilateral -----

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- Fracture Repair - Shoulder ----- Right Left Bilateral -----

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- Fracture Repair - Hip/Pelvis ----- Right Left Bilateral -----

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- Fracture Repair - Femur ----- Right Left Bilateral -----

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- Fracture Repair - Knee ----- Right Left Bilateral -----

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- Fracture Repair - Lower Leg ----- Right Left Bilateral -----

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- Fracture Repair - Ankle/Foot ----- Right Left Bilateral -----

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Ankle/Foot Surgeries

- Ankle Arthroscopy ----- Right Left Bilateral -----

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- Ankle Fusion ----- Right Left Bilateral -----

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- Tendon Surgery ----- Right Left Bilateral -----

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- Toe Surgery specify _____ ----- Right Left Bilateral -----

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Elbow, Wrist, Hand Surgeries

- Biceps Repair ----- Right Left Bilateral -----

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- Carpal Tunnel Surgery ----- Right Left Bilateral -----

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- Elbow Arthroscopy ----- Right Left Bilateral -----

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- Elbow Ligament Reconstruction ----- Right Left Bilateral -----

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- Elbow Replacement ----- Right Left Bilateral -----

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- Hand Tendon Repair ----- Right Left Bilateral -----

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- Nail Bed Surgery ----- Right Left Bilateral -----

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- Tennis Elbow Surgery ----- Right Left Bilateral -----

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- Trigger Finger Surgery ----- Right Left Bilateral -----

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- Wrist Ligament Reconstruction ----- Right Left Bilateral -----

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Knee Surgeries

- Knee Arthroscopy ----- Right Left Bilateral -----

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- Cartilage surgery/meniscus surgery ----- Right Left Bilateral -----

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- Knee replacement ----- Right Left Bilateral -----

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- Ligament reconstruction - ACL ----- Right Left Bilateral -----

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- Ligament reconstruction - other ----- Right Left Bilateral -----

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Hip Surgeries

- Hip replacement ----- Right Left Bilateral -----

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- AVN Surgery Core Decompression Fibular Graft Right Left Bilateral -----

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Shoulder Surgeries

- Shoulder Arthroscopy ----- Right Left Bilateral -----

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- Rotator cuff surgery ----- Right Left Bilateral -----

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- Shoulder replacement ----- Right Left Bilateral -----

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- Shoulder stabilization ----- Right Left Bilateral -----

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Spine Surgeries

- Laminectomy ----- Cervical Lumbar Thoracic -----

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- Anterior Fusion ----- Cervical Lumbar Thoracic -----

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- Posterior Fusion ----- Cervical Lumbar Thoracic -----

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- Posterior Discectomy ----- Cervical Lumbar Thoracic -----

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Other (List all other surgeries) _____

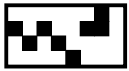


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Hand Dominance: Right Left Use both equally

These questions are about how much difficulty you may be having this week with your daily activities because of your injury or arthritis.

1. How difficult is it for you to get in or out of a low chair?
 Not at all difficult A little difficult Moderately difficult Very difficult Unable to do
2. How difficult is it for you to open medicine bottles or jars?
 Not at all difficult A little difficult Moderately difficult Very difficult Unable to do
3. How difficult is it for you to shop for groceries or other things?
 Not at all difficult A little difficult Moderately difficult Very difficult Unable to do
4. How difficult is it for you to climb stairs?
 Not at all difficult A little difficult Moderately difficult Very difficult Unable to do
5. How difficult is it for you to make a tight fist?
 Not at all difficult A little difficult Moderately difficult Very difficult Unable to do
6. How difficult is it for you to get in or out of the bathtub or shower?
 Not at all difficult A little difficult Moderately difficult Very difficult Unable to do
7. How difficult is it for you to get comfortable to sleep?
 Not at all difficult A little difficult Moderately difficult Very difficult Unable to do
8. How difficult is it for you to bend or kneel down?
 Not at all difficult A little difficult Moderately difficult Very difficult Unable to do
9. How difficult is it for you to use buttons, snaps, hooks, or zippers?
 Not at all difficult A little difficult Moderately difficult Very difficult Unable to do
10. How difficult is it for you to cut your own fingernails?
 Not at all difficult A little difficult Moderately difficult Very difficult Unable to do
11. How difficult is it for you to dress yourself?
 Not at all difficult A little difficult Moderately difficult Very difficult Unable to do
12. How difficult is it for you to walk?
 Not at all difficult A little difficult Moderately difficult Very difficult Unable to do
13. How difficult is it for you to get moving after you have been sitting or lying down?
 Not at all difficult A little difficult Moderately difficult Very difficult Unable to do
14. How difficult is it for you to go out by yourself?
 Not at all difficult A little difficult Moderately difficult Very difficult Unable to do
15. How difficult is it for you to drive?
 Not at all difficult A little difficult Moderately difficult Very difficult Unable to do
16. How difficult is it for you to clean yourself after going to the bathroom?
 Not at all difficult A little difficult Moderately difficult Very difficult Unable to do
17. How difficult is it for you to turn knobs or levers, for example, open doors, roll down car windows?
 Not at all difficult A little difficult Moderately difficult Very difficult Unable to do
18. How difficult is it for you to write or type?
 Not at all difficult A little difficult Moderately difficult Very difficult Unable to do



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19. How difficult is it for you to pivot?

- Not at all difficult A little difficult Moderately difficult Very difficult Unable to do

20. How difficult is it for you to do your usual physical recreational activities, such as bicycling, jogging, or walking?

- Not at all difficult A little difficult Moderately difficult Very difficult Unable to do

21. How difficult is it for you to do your usual leisure activities, such as hobbies, crafts, gardening, card playing, going out with friends?

- Not at all difficult A little difficult Moderately difficult Very difficult Unable to do

22. How much difficulty are you having with sexual activity?

- Not at all difficult A little difficult Moderately difficult Very difficult Unable to do

23. How difficult is it for you to do light housework or yardwork, such as dusting, washing dishes, or watering plants?

- Not at all difficult A little difficult Moderately difficult Very difficult Unable to do

24. How difficult is it for you to do heavy housework or yardwork, such as washing floors, vacuuming, or mowing lawns?

- Not at all difficult A little difficult Moderately difficult Very difficult Unable to do

25. How difficult is it for you to do your usual work, such as paid job, housework, volunteer activities?

- Not at all difficult A little difficult Moderately difficult Very difficult Unable to do

These next questions ask how often you are experiencing problems this week, because of your injury or arthritis.

26. How often do you walk with a limp?

- None of the time A little of the time Some of the time Most of the time All of the time

27. How often do you avoid using your painful limb(s) or back?

- None of the time A little of the time Some of the time Most of the time All of the time

28. How often does your leg lock or give-way?

- None of the time A little of the time Some of the time Most of the time All of the time

29. How often do you have problems with concentration?

- None of the time A little of the time Some of the time Most of the time All of the time

30. How often does doing too much in one day affect what you do the next day?

- None of the time A little of the time Some of the time Most of the time All of the time

31. How often do you act irritable toward those around you, for example, snap at people, give sharp answers, criticize easily?

- None of the time A little of the time Some of the time Most of the time All of the time

32. How often are you tired?

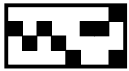
- None of the time A little of the time Some of the time Most of the time All of the time

33. How often do you feel disabled?

- None of the time A little of the time Some of the time Most of the time All of the time

34. How often do you feel angry or frustrated that you have this injury or arthritis?

- None of the time A little of the time Some of the time Most of the time All of the time



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These questions are about how much you are bothered by problems you are having this week, due to your injury or arthritis.
How much are you bothered by...

	<u>Not at all bothered</u>	<u>A little bothered</u>	<u>Moderately bothered</u>	<u>Very bothered</u>	<u>Extremely bothered</u>
35. Problems using your hands, arms or legs	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
36. Problems using your back	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
37. Problems doing work around your home	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
38. Problems with bathing, dressing, toileting or other personal care	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
39. Problems with sleep and rest	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
40. Problems with leisure or recreational activities	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
41. Problems with your friends, family or other important people in your life	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
42. Problems with thinking, concentrating or remembering	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
43. Problems adjusting or coping with your injury or arthritis	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
44. Problems doing your usual work	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
45. Problems with feeling dependent on others	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
46. Problems with stiffness and pain	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

PLEASE RETURN THIS COMPLETED PACKET TO THE FRONT DESK NOW