



Total Joint Replacement, Spine Surgery, General Orthopaedics, Sports Medicine, Arthroscopic Surgery

### RETURN PATIENT INFORMATION DIVISION SPORTS MEDICINE AND SHOULDER SURGERY

INSTRUCTIONS: PLEASE FILL THIS OUT IN ITS ENTIRETY. PLEASE FILL OUT EVERY LINE. THIS FORM IS NECESSITATED BY REGULATIONS FROM THE GOVERNMENT (Health Care Finance Administration – HCFA)

NAME:DATE

I. NEW PROBLEM:  Yes  No  Right  Left  Both

II. JOINT OR PART(S) THAT ARE BOTHERING YOU (List)

III. SINCE YOU WERE LAST SEEN:

1. How is your pain?  Improved  Unchanged  Worse

2. How is motion of your joint?  Better  Unchanged  Worse

3. Did you return to work?  Yes  No  Never stopped

4. Did you return to your sport?  Yes  No

5. Have you had physical therapy?  Yes  No

If yes, then physical therapy:  helped  no help

6. Did you take the medicine prescribed at last visit or on your own?

A. Anti-inflammatory agent  Yes  No Please give name \_\_\_\_\_

B. Pain Medication  Yes  No Please give name \_\_\_\_\_

C. Tylenol  Yes  No How many pills and how often? \_\_\_\_\_

D. Medrol dose pack  Yes  No If yes, one pack or two? \_\_\_\_\_

7. Have you been putting ice on the area?  Yes  No

How often? \_\_\_\_\_ Per day \_\_\_\_\_ Per week

8. Did you have other tests?  Yes  No

MRI  Nerve Studies (EMB/NCS)  Bone Scan  CAT Scan  Other

IV. SINCE YOUR LAST VISIT:

1. Have you had any surgery?  Yes  No

If yes, Please describe even if it was not to your extremities \_\_\_\_\_

2. Have you had any new problems with:

A. Tingling or numbness in arms or legs?  Yes  No

B. Trouble with any other joints?  Yes  No

C. Trouble with your heart?  Yes  No

D. Trouble with your breathing?  Yes  No

E. Trouble with your bowels?  Yes  No

F. Trouble with your bladder?  Yes  No

G. Trouble with your skin?  Yes  No

H. Trouble with your hearing?  Yes  No

I. Trouble with your eyes?  Yes  No

J. Trouble with your speech?  Yes  No

3. Have you started any new medication?  Yes  No

If yes, Please list medications \_\_\_\_\_

IS THERE ANYTHING NEW ABOUT YOUR CONDITION YOU WOULD LIKE TO ADD?

IS THERE ANYTHING NEW ABOUT YOUR HEALTH YOU WOULD LIKE TO ADD?

THIS HAS BEEN REVIEWED TO ME ON THIS DATE \_\_\_\_\_

Physician Name/Signature