

Referring Doctor: \_\_\_\_\_ Age: \_\_\_\_\_ Patient Name: \_\_\_\_\_ MR#: \_\_\_\_\_

- 1) Which joint bothers you the most? \_\_\_\_\_
- 2) When does your joint hurt? (Circle) Standing Walking Resting At Night on Stairs
- 3) How long have you had this pain? \_\_\_\_\_
- 4) What activity makes your pain worse? \_\_\_\_\_
- 5) Do you have? (Circle all that apply) Locking Popping Giving Way Grinding Swelling
- 6) Pain Location: (Circle all that apply) Front Back Inside All Over Outside  
Other: \_\_\_\_\_
- 7) Pain Severity: (Circle One) None Mild/Occasional Stairs only Walking & Stairs Moderate/Occasional  
Continuous Severe
- 8) Limp: (Circle One) None Slight Moderate Severe Unable to walk
- 9) Walking Aids: None Cane 2 Canes Crutches or Walker
- 10) Walking: (Circle One) Unlimited >10 blocks 5-10 blocks <5 blocks Household Unable
- 11) Stairs: (Circle One) Normal up & down Normal Up; down with rail Up & Down with rail Up with rail; unable down  
Unable

Examination:	Right	Left
Effusion	_____	_____
Erythema	_____	_____
Tenderness	_____	_____
Incision(s)	_____	_____
<b>Passive ROM</b>		
Extension	_____	_____
Flexion	_____	_____
Lag	_____	_____
<b>Stability</b>		
AP (>5mm, 5-10, >10 mm)	_____	_____
ML (>5mm, 5-10, >10)	_____	_____
Rot. Instability	_____	_____
<b>Alignment</b>		
Non-Weight bearing	_____	_____
Standing/Stress	_____	_____
<b>NEUROVASCULAR:</b>		
Motor: EHL	_____	_____
TA	_____	_____
QUAD	_____	_____
Pulses: DP	_____	_____
PT	_____	_____
Sensation: _____		_____
Other: _____		_____
X-Rays Brought with Patient:		
What parts X-rayed: _____		films _____
Date: _____		Taken: _____
MOPA X-Rays Taken Today: _____		_____

