

VALLEY HIP & KNEE

i n s t i t u t e

Erik N. Zeegen, M.D., Associate Medical Director

Patient Name: _____

Today's Date: _____

DOB: _____

Ref MD: _____

Age: _____

Address: _____

Please describe your problem:

Location of your problem:

Which side?

Right

Left

Both

NOTES FOR DR. ZEEGEN:

PAST MEDICAL HISTORY

List all medical conditions:

_____	_____
_____	_____
_____	_____
_____	_____

Do you have any of the following:

- Diabetes Heart Disease Clotting disorder Cancer Hepatitis HIV

PAST SURGICAL HISTORY

List all previous surgeries:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

MEDICATIONS

List all medications (and dosages)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you take any of the following:

- Coumadin NSAIDS (i.e. Advil, Motrin, Aleve) Aspirin Prednisone

ALLERGIES

List all allergies to medications and reaction which occurs:

_____	_____
_____	_____
_____	_____
_____	_____

FAMILY HISTORY

List all illnesses that run in your family: _____

Mother's Age _____ Alive Deceased Cause of death: _____
Father's Age _____ Alive Deceased Cause of death: _____
Sibling(s) and ages _____

SOCIAL HISTORY

Do you live alone? Yes No Who lives with you? _____
Do you have stairs at home? Yes No

What type of work do you do? _____

Marital status: Married Divorced Widowed Single
Number of children: _____

Smoke cigarettes: Yes Number of packs per day: _____
Years of smoking: _____
 Used to, but quit _____ years ago
 No

Alcohol consumption: Never Used to, but quit _____ years ago
 Socially
 Daily

History of illicit drug use: Yes No

REVIEW OF SYSTEMS

Please place a check mark next to any symptoms you have had or currently have:

Constitutional

- Fevers, chills
- Decreased appetite, weight loss
- Night pain that awakens you from deep sleep

Eyes, Ears, Nose, Throat

- Recent changes in vision
- Glaucoma
- Any metal fragments in your eyes
- Nosebleeds
- Hearing loss
- Loss of balance

Cardiovascular

- Chest pain
- Palpitations
- Irregular heartbeat
- Shortness of breath
- High blood pressure
- Elevated cholesterol

Respiratory

- Asthma/wheezing
- Chronic cough
- COPD/emphysema
- Pneumonia or bronchitis
- Lung cancer
- Tuberculosis

Gastrointestinal

- Upset stomach
- Reflux (GERD)
- Blood in stool
- Dark black, tarry stools
- Yellow jaundice
- Gallbladder problems
- Colon cancer

Genitourinary

- Burning/pain with urination
- Urinary frequency
- Blood in urine
- History of kidney stones
- Enlarged prostate
- History of prostate cancer

Musculoskeletal

- Swelling in multiple joints
- Excessive flexibility in joints
- Reflex sympathetic dystrophy (RSD)

Skin

- Chronic rashes
- Eczema or psoriasis
- Skin cancer or melanoma
- Unusual birthmarks

Neurological

- History of seizures
- Dizziness
- History of Stroke/TIA
- Memory loss

Psychiatric

- Anxiety
- Depression
- Bipolar disorder
- Schizophrenia

Endocrine

- Diabetes
- Thyroid problems
- Taking hormone replacement therapy
- Taking prednisone

Hematologic

- Anemia
- Easy bruising or bleeding problems
- History of blood clots
- History of blood transfusions

I attest that the above information is correct

Patient signature

Date

I have reviewed this information with the patient

Physician signature

Date

PHYSICAL EXAM

Habitus

- WDWN
- Obese

Gait:

- Normal reciprocal gait pattern without limp
- Antalgic gait to right Antalgic gait to left
- Trendelenburg to right Trendelenburg to left

Lumbar Spine:

- Normal alignment
- Scoliosis
- NTP along midline and PSM
- TTP along midline TTP along right PSM TTP along left PSM
- No sciatic notch tenderness
- Sciatic notch tenderness on right Sciatic notch tenderness on left

- SLR Right Positive Negative
 Left Positive Negative
- DTR

- Able to bend forward and touch toes
- Able to bend forward and get hands to: _____
- Degrees of extension: _____
- Degrees of lateral bending: _____

Hip:

- Right hip: Flexion: _____ Ext Rotation: _____ Int Rotation: _____
 Pain with PROM: Yes No

- Left hip: Flexion: _____ Ext Rotation: _____ Int Rotation: _____
 Pain with PROM: Yes No

- Greater trochanteric tenderness on right Yes No
- Greater trochanteric tenderness on left Yes No

- Leg lengths Equal
 R > L by _____
 R < L by _____

- Prior scars

Knee**Right****Left****Alignment:**

ROM:

Effusion Yes No Yes No**Warmth** Yes No Yes No**Erythema:** Yes No Yes No**Joint line tenderness:** LJLT MJLT
 None MJLT LJLT
 None**Crepitus:** Yes No Yes No**Pain with PROM:** Yes No Yes No**Ligamentous**

Lachman's

 Pos Neg Pos Neg

Ant Drawer

 Pos Neg Pos Neg

MCL

 Stable Med opening Med opening Stable

LCL

 Lat opening Stable Stable Lateral opening**Patella**

Patella grind

 Pos Neg Pos Neg

Patella inhibition

 Pos Neg Pos Neg

Hypermobility

 Pos Neg Pos Neg

J sign

 Pos Neg Pos Neg

VMO atrophy

 Pos Neg Pos Neg**Meniscal**

McMurray's

 Pos Neg Pos Neg**Neurovascular****Motor** 5/5 Q/TA/EHL/GS/P 5/5 Q/TA/EHL/GS/P Weakness: _____ Weakness: _____**Sensory** In tact to LT throughout In tact to LT throughout Decreased: _____ Decreased: _____

Vascular

- Palpable DP/PT
- CR < 2 sec all 5 digits
- Distal edema

- Palpable DP/PT
- CR < 2 sec all 5 digits
- Distal edema

IMAGING

XRAYS:

Hip

- Joint space narrowing:
- Subchondral sclerosis:
- Osteophyte formation:
- AVN

Right

- None Mild Marked
- Yes No
- Yes No
- Yes No

Left

- None Mild Marked
- Yes No
- Yes No
- Yes No

Other:

Date of exam

Knee

- Alignment:
- Joint space narrowing

Right

- Neut Varus Valgus
- None
- Mild lat Mild med
- BoB lat BoB med

Left

- Neut Varus Valgus
- None
- Mild med Mild lat
- BoB med BoB lat

Patellofemoral narrowing

- Yes No

- Yes No

Other:

Date of exam

MRI:

BONE SCAN:

CT SCAN:

PLAN