

PATIENT QUESTIONNAIRE

Date:

PATIENT NAME:

PCP:

REFERRING PROVIDER:

CHIEF COMPLAINT:

(1))LOCATION?

(2)PAIN LEVEL?

0 1 2 3 4 5 6 7 8 9 10

(3) PREVIOUS TX:

INJECTION: Y/N

PT: Y/N

NSAIDS: Y/N

ASST. DEVICE:

OTHER?

(4) WORK STATUS?

WORKERS COMP: Y/N

EMPLOYED: Y/N

PLAN:

TOTAL HIP

TOTAL KNEE

QUESTIONS FOR DR. MIRZA?

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QUESTIONS FOR DR. MIRZA?

L

R

<u>KNEE</u> ROM:		
TENDER:	M/L/OTHER	M/L/OTHER
ALIGNMENT:	VARUS/VALGUS/NEUT	VARUS/VALGUS/NEUT
FLEXTION CONTRACTURE:	Y/N	Y/N
LIMP:	Y/N	Y/N
NV EXAM:	NL/ABN	NL/ABN
HIP ROM: IR FR	<input type="checkbox"/> 0-29 <input type="checkbox"/> 30-59 <input type="checkbox"/> >60 <input type="checkbox"/> 0-29 <input type="checkbox"/> 30-59 <input type="checkbox"/> >60	<input type="checkbox"/> 0-29 <input type="checkbox"/> 30-59 <input type="checkbox"/> >60 <input type="checkbox"/> 0-29 <input type="checkbox"/> 30-59 <input type="checkbox"/> >60
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X RAYS
KNEE: AP/PA FLEX / LAT/ MERCH
HIP: AP/ FROG LAT

X RAYS
KNEE: AP/PA FLEX / LAT/ MERCH
HIP: AP/ FROG LAT

HIP
 OSTEoARTHRITIS;HIP 715.95
 HIP OR THIGH PAIN 719.45
 AVN HEAD&NECK FEMUR 733.42
 TRAUMATIC ARTHROPATHY716.15
 CDH OF HIP;UNI 754.30
 CDH OF HIP; BI 754.31
 LEGG-CALVE-PERTHES 732.1

KNEE
 OA 715.96
 AVN 733.43
 POST-TRAUMATIC ARTHRITIS 716.16
 KNEE PAIN 719.46

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