

GREGORY T. MINUTILLO, MD/MPH  
Joint Replacement and Orthopaedic Surgery

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Who is your referring doctor?

Name: \_\_\_\_\_ (If none, list your primary doctor's info)  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone # \_\_\_\_\_

Why are you seeing the doctor today? \_\_\_\_\_

Where is your pain?  Right Hip  Right Knee  Back  Left Hip  Left Knee

How long have you had this problem?  
\_\_\_\_\_

If you are having **HIP PAIN**, where is it located?

- Groin  Thigh  Down below knee  
 Side of Hip  Down to knee  Down to foot

If you are having **KNEE PAIN**, where is it located?

- Inside of the knee (close to the other knee)  Front of knee (under kneecap)  
 Outside of knee (away from the other knee)  Back of knee

Is your pain:  Getting Worse  Getting Better  Staying the same

Is your pain:  Intermittent  Constant

How would you describe your pain?

- Sharp  Throbbing  Burning  Dull  Tight  Tingling

Do you have pain when you:

- Walk  Sit  Stand  At night  At night

When is your pain made worse/notice it the most?

- Walking  Sitting  Standing  At night  When you first wake up  Up or down stairs  
 After sitting for a long period of time

Rate your pain on a scale from 1-10 (1 = minimal pain, 10=severe pain): \_\_\_\_\_

Do you have any of the following:

- Stiffness  Numbness  Swelling  Weakness  None

Do you have a limp? (yes or no) \_\_\_\_\_

How far can you walk *BEFORE* you start having pain?

- Unlimited  4-6 blocks  2-3 blocks  Bed to chair only  Unable to walk without pain

How many stairs do you walk up **to get into** your home? \_\_\_\_\_

How many stairs must you walk up **inside** your home? \_\_\_\_\_

How would you rate your hip/knee today as a percentage of normal (0 to 100 scale with 100 being normal)? \_\_\_\_\_

Do you ever need an assistive device for walking?

- None  Cane all of the time  Wheelchair  Cane, long walks only  Walker

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Do you have difficulty going up or down stairs?

- None  Take one step at a time  Use banister always  Use crutches or cannot do stairs

Do you have difficulty putting on your shoes and socks?

- None  Unable  With difficulty

Can you sit in a chair comfortably for:

- Any chair for more than 1 hr  Unable to sit for 1/2 hour  High chair for 1/2 hour

Can you get up from a chair:

- Normally  Use my arms  Difficulty even when using my arms  Need help, unable to do alone

Which of the following of the following medications have you tried?

- Tylenol  Aspirin  Vioxx  Celebrex  Motrin  Alleve  Other \_\_\_\_\_

Have you tried injections in the joint that hurts?  Yes  No

What kind of injections?  Steroids  Gel  PRP  Don't know

How many injections in the joint that hurts? \_\_\_\_\_ (It's OK if you don't know exactly)

Have you tried physical therapy/exercises (self guided or with a therapist)?  Yes  No

**PAST MEDICAL HISTORY**

Please list all of your medical problems (such as high blood pressure or heart disease):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all of your past surgeries/hospitalizations/severe injuries with dates(Month/Year):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have allergies to any medications? \_\_\_\_\_

Do you have any allergies or sensitivity to metals? \_\_\_\_\_

What medications do you presently take (include name and dose):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SOCIAL HISTORY**

What kind of work do you do?

- Homemaker  Manual labor  Retired  Desk Job  On disability

Occupation: \_\_\_\_\_

Marital Status

- Single  Married  Divorced  Widowed

Do you live alone?  Yes  No. If no, who lives at home with you? \_\_\_\_\_

Do you drink alcohol?  Yes  No If yes, # drinks per week: \_\_\_\_\_

Do you use illicit drugs?  Yes  No. If yes, which one(s)? \_\_\_\_\_

Do you smoke?  Yes  No If yes, # packs per day: \_\_\_\_\_ For how many years? \_\_\_\_\_

Do you exercise regularly?  Yes  No How many times per week? \_\_\_\_\_

Do you follow a special diet?  Yes  No What kind? \_\_\_\_\_

**FAMILY HISTORY**

Member	Alive/Deceased	Age	Health status/Cause of death
Father			
Mother			
Sibling			
Sibling			
Sibling			

**OTHER INFORMATION**

Height : \_\_\_\_\_ Weight : \_\_\_\_\_

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**REVIEW OF SYSTEMS**

For new patients, established patients who may be having a new problem, or our patients who we haven't seen for a while, we need to update our records as to your general medical health. In each area, if you are not having any difficulties, please check "No Problems." If you are experiencing any of the symptoms listed, PLEASE CIRCLE THE ONES THAT APPLY, or explain any that may not be listed. If you have any questions about this, please ask one of the technicians, or your doctor.

**Const. (Health in General)**  No Problems Lack of energy, unexplained weight gain or weight loss, loss of appetite, fever, night sweats, pain in jaws when eating, scalp tenderness, prior diagnosis of cancer. Other: \_\_\_\_\_

**Ears, Nose, Mouth & Throat**  No Problems Difficulty with hearing, sinus problems, runny nose, post-nasal drip, ringing in ears, mouth sores, loose teeth, ear pain, nosebleeds, sore throat, facial pain or numbness. Other: \_\_\_\_\_

**C-V (Heart & Blood Vessels)**  No Problems Irregular heartbeat, racing heart, chest pains, swelling of feet or legs, pain in legs with walking. Other: \_\_\_\_\_

**Resp. (Lungs & Breathing)**  No Problems Shortness of breath, night sweats, prolonged cough, wheezing, sputum production, prior tuberculosis, pleurisy, oxygen at home, coughing up blood, abnormal chest x-ray. Other: \_\_\_\_\_

**GI (Stomach & Intestines)**  No Problems Heartburn, constipation, intolerance to certain foods, diarrhea, abdominal pain, difficulty swallowing, nausea, vomiting, blood in stools, unexplained change in bowel habits, incontinence. Other: \_\_\_\_\_

**GU (Kidney & Bladder)**  No Problems Painful urination, frequent urination, urgency, prostate problems, bladder problems, impotence. Other: \_\_\_\_\_

**MS (Muscles, Bones, Joints)**  No Problems Joint pain, aching muscles, shoulder pain, swelling of joints, joint deformities, back pain. Other: \_\_\_\_\_

**Integ. (Skin, Hair & Breast)**  No Problems Persistent rash, itching, new skin lesion, change in existing skin lesion, hair loss or increase, breast changes. Other: \_\_\_\_\_

**Neurologic (Brain & Nerves)**  No Problems Frequent headaches, double vision, weakness, change in sensation, problems with walking or balance, dizziness, tremor, loss of consciousness, uncontrolled motions, episodes of visual loss. Other: \_\_\_\_\_

**Psychiatric (Mood & Thinking)**  No Problems Insomnia, irritability, depression, anxiety, recurrent bad thoughts, mood swings, hallucinations, compulsions. Other: \_\_\_\_\_

**Endocrinologic (Glands)**  No Problems Intolerance to heat or cold, menstrual irregularities, frequent hunger/urination/thirst, changes in sex drive. Other: \_\_\_\_\_

**Hematologic (Blood/Lymph)**  No Problems Easy bleeding, easy bruising, anemia, abnormal blood tests, leukemia, unexplained swollen areas. Other: \_\_\_\_\_

**Allergic/Immunologic**  No Problems Seasonal allergies, hay fever symptoms, itching,

frequent infections, exposure to HIV. Other: \_\_\_\_\_