

DR KELLY'S NEW KNEE PATIENT INFORMATION SHEET

Name: _____, **Age:** _____ **address:** _____ **home phone #** _____

Cell phone# _____

My chief Complaint: _____ **birth date** _____

Today, I am here to discuss: Non-Surgical Treatment, Surgical Options - Partial Knee, Total Knee

I have had pain in my knee for _____ years ,or _____ months.

The pain has gradually gotten worse in the past _____ months ,or _____ years

Location of my pain in my knee is: %: _____ big toe side, or % _____ little toe side, or all over my knee.

I can walk comfortably: over 6 blocks, 3-6 blocks, 1-2 blocks, less than 1 block.

List the dates of the last cortisone injections into your knee: _____

List the dates of Synvisc, Orthovisc, Supartz, or Hyalgan injections into your knee _____

Activities that bother you: walking, stiffness, swelling, difficulty getting out of a chair, up/down stairs, locking, giving out, don't trust my leg to hold me, getting dressed, sleeping

Do you use a cane or walker? _____

Medications currently taking for arthritis: Tylenol , Glucosamine , others _____

List previous knee surgery. Include date, city, and name of hospital : _____

Did you originally hear of Dr. Kelly through one of his seminars? Yes/No **or the internet?** Yes/ No google/yahoo

REVIEW OF SYSTEMS

Dental History: I have seen the dentist in the past 6 months: Yes / No

Have you had: Angina/chest pain, Diabetes, Vascular disease , Heart attack, High blood pressure, High Cholesterol, smoking, overweight, Family History of heart attack, Sedentary - walking less than 2 blocks.

Have you had a Cardiac bypass, Angioplasty, or Stress test? - Date of last stress test: _____

Have you had a Pulmonary embolism, phlebitis, emphysema, asthma, sleep apnea, or snore? stomach ulcer? _____

Do you have sleep apnea, or cancer? Are you on a blood thinner: plavix, or coumadin?

Your height : _____ **Weight** _____ **name of insurance carrier:** _____

Mail this sheet with x-rays to: **Dr. C. Micheal Kelly, Attn. Julie** **contact Julie Dr. Kelly's nurse**
x-rays: AP and Lateral and **17030 Lakeside Hills Plaza, Suite 200** **Julie@midwesthipandknee.com**
natella sunrise view **Omaha. NE 6 8130** **or phone # 1-402-361-5218**