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Joint Replacement and Orthopaedic Surgery

Name: _____ Date of Birth: _____ Date: _____

Who sent you to see us? _____

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

Is your pain worse when you:

Walk Sit Stand At night

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

Do you have a limp?

None Moderate
 Slight Severe

How far are you able to walk before you begin to experience pain?

Unlimited 2-3 blocks bed to chair only
 4-6 blocks Indoors only Unable to walk

Have you had any falls or near falls because of your knee or hip? _____

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

Do you need assistance with walking?

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

Do you have difficulty going up or down stairs?

No 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?

No Unable With difficulty

Can you sit in a chair comfortably?

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

Can you get up from a chair?

Normally Difficulty even when using my arms
 Need help Unable to do alone

Have you tried any of the following medications?

Tylenol Aspirin Meloxicam Celebrex
 Motrin Alleve Other _____

Have you tried injections? Yes No

What kind of injections? Steroids Synvisc Unknown/Other

How many injections? _____

Have you tried physical therapy/exercises? Yes No