



(Online Downloaded Forms)

Patient Intake Form

Alexander P. Sah, MD
Orthopaedic Surgeon

Bryant Bonner, MD
Orthopaedic Surgeon

Meena Mistry, PA-C
Physician Assistant

Joseph Gomez, PA-C
Physician Assistant

Petra Nicolas, PA-C
Physician Assistant

Kayla Cook, PA-C
Physician Assistant

Laurie Machuca
Director of Operations

Which doctor/colleague referred you here? _____

Where is your pain?

☐ Right Hip ☐ Right Knee ☐ Back ☐ Left Hip ☐ Left Knee

When did this pain begin? #_____ ☐ years ago ☐ months ago ☐ weeks ago

Rate your pain on a scale of 1-10 (1= minimal, 10 = worst possible) _____

Is your pain: ☐ intermittent ☐ constant

Is your pain:

☐ getting worse, over the recent #_____ years / months / weeks (circle one)

☐ staying the same ☐ getting better

Is your pain worse with:

☐ standing ☐ standing for long periods ☐ up stairs
☐ walking ☐ walking long distances ☐ down stairs
☐ twisting ☐ getting out of bed ☐ getting out of a chair
☐ wakes you from sleep at night

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

☐ groin ☐ thigh ☐ down below the knee
☐ side of hip ☐ down to the knee ☐ down to the foot

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

☐ inside of the knee (close to other knee) ☐ front of knee (near kneecap)
☐ outside of knee (away from other knee) ☐ back of knee

How would you describe your pain?

☐ sharp ☐ throbbing ☐ burning ☐ dull ☐ tight ☐ achy

Do you have any of the following?

☐ stiffness ☐ instability ☐ swelling ☐ weakness ☐ numbness

Do you have a limp?

☐ none ☐ slight ☐ moderate ☐ severe

Center for Joint
Replacement Building
2000 Mowry Avenue
Fremont, CA 94538

695 Oak Grove Avenue
Suite 200
Menlo Park, CA 94025

t. 510-SAH-ORTH
(510-724-6784)
t. 510.818.7200
f. 510.818.8710

www.SahOrtho.com



How far can you walk prior to experiencing pain?

- ☐ unlimited ☐ 7-10 blocks ☐ 4-6 blocks ☐ 2-3 blocks
☐ indoors only ☐ bed to chair only ☐ unable to walk

Do you need assistance walking?

- ☐ none ☐ cane long distances ☐ cane all times ☐ walker ☐ wheelchair

Do you have difficulty with stairs?

- ☐ none ☐ one step at a time ☐ use the banister ☐ cannot do stairs

Do you have difficulty putting on your shoes and socks?

- ☐ none ☐ with difficulty ☐ unable

Can you sit in a chair comfortably?

- ☐ any chair for more than 1 hour ☐ high chair for ½ hour
☐ unable to sit for ½ hour

Can you get up from a chair?

- ☐ normally ☐ must use arms ☐ difficult even when using arms
☐ require assistance

Have you tried any of the following medications?

- ☐ Tylenol ☐ Aspirin ☐ Celebrex ☐ Motrin ☐ Aleve ☐ ibuprofen
☐ other _____

Have you tried injections?

- ☐ no
☐ yes-
 ☐ steroids ☐ synvisc/rooster comb/hyaluronic acid ☐ unsure
 how many injections? _____

Have you tried any of the following?

- ☐ knee bracing ☐ knee compression sleeve ☐ weight reduction
☐ physical therapy ☐ home exercises
☐ chiropractor ☐ acupuncture
☐ other _____

Do you currently have any conditions involving the following?

Constitutional:

fevers/chills ☐ yes ☐ no
weight loss ☐ yes ☐ no

Eyes:

changes in vision ☐ yes ☐ no
glaucoma ☐ yes ☐ no

Ears, mouth, throat:

changes in hearing ☐ yes ☐ no
active dental problem ☐ yes ☐ no

Cardiovascular:

Palpitations ☐ yes ☐ no
chest pain ☐ yes ☐ no
heart murmur ☐ yes ☐ no

Respiratory:

shortness of breath ☐ yes ☐ no
sleep apnea ☐ yes ☐ no

Gastrointestinal:

nausea ☐ yes ☐ no
bowel/bladder change ☐ yes ☐ no
ulcer ☐ yes ☐ no
kidney problems ☐ yes ☐ no
liver problems ☐ yes ☐ no

Endocrine:

Diabetes ☐ yes ☐ no
Thyroid disease ☐ yes ☐ no

Integumentary:

new rashes or lesions ☐ yes ☐ no

Neurological:

New numb/weakness ☐ yes ☐ no
seizures/epilepsy ☐ yes ☐ no

Psychiatric:

Depression ☐ yes ☐ no
Schizophrenia ☐ yes ☐ no

Hematologic:

Blood clots ☐ yes ☐ no

Name: _____ **Date:** _____