



Dr. March New Patient Intake Form

Name: _____

1. What brings you in today?

Hip Pain: RIGHT / LEFT

Knee Pain: RIGHT / LEFT

2. Have you ever had a prior hip or knee surgery? (YES / NO)

- If yes:
- When (date): _____
- Where (Hospital): _____
- Who (Surgeon): _____
- Approach (Hip Replacement Only): anterior or posterior
- Any complications or reoperation? (YES / NO)
- Explain: _____
- Is the joint functioning well today? (YES / NO)

PREVIOUS TREATMENT

1. What have you tried for your pain (circle all applicable):

- Weight Loss
- Home Exercise Program
- Physical Therapy
- Brace Wear
- Assistive Devices (Cane, Walker, Wheelchair)

2. Pain Relievers:

- (Acetaminophen, Tramadol, Hydrocodone, Oxycodone)
- Anti-inflammatories (Ibuprofen, Naproxen, Meloxicam, Diclofenac, Etodolac, Celecoxib)
- Injections (Cortisone, Viscosupplementation)

If any injections, when was the date of your last injection? _____

How long have you used them? _____

Please complete other side



MEDICAL HISTORY

1. Please list all medical issues for which you take medications on a daily basis at home.

(Write each one down we are not able to pull medication lists from UPMC, AHN, or Heritage Valley)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- Do you have diabetes? (YES / NO)
- If so, do you take insulin? (YES / NO)
- What was your last hemoglobin A1c? _____
- Have you ever had a blood clot before? (YES / NO)
- What were the circumstances? _____
- Do you take any blood thinners? (YES / NO)
If so, why? _____
- Do you get regular dental care? (YES / NO)
- Date of last cleaning/procedure _____
- Do you have dentures? (YES / NO)

Social History

(Circle all that apply)

- Alcohol
- Illicit Drug Use
- Cigarettes
- Smokeless tobacco
- Vaping

Occupation (Current or prior) _____

Where do you live? _____

How is your home set up?

- Ranch
- 2-story
- Basement

With whom do you live? _____

If you live alone, what additional social support do you have in your area?

Would these individuals be able to help you recover from surgery? (YES/ NO)