HEALTH HISTORY FORM

Patient Name:
Birthdate: ______________________
Health Care #: __________________

www.albertahipandknee.ca

Please complete this form and give it to reception upon your arrival for your appointment.

Your answers on this form will help your health care provider get an accurate history of your medical concerns and conditions. Please fill in all pages. If you are not sure how to answer any of the question, do your best and we will discuss it with you at your appointment.

*** Please bring all your current medications, vitamins, supplements, etc. in their original containers to your appointment ***

Which joint(s) are you coming to see us for? □ Hip □ Knee □ Other: ________________________
Which side bothers you more? □ Right □ Left □ Both
Have you had any previous injuries to the affected joint(s)? Please detail:

Select which walking aids you currently use: □ None □Cane/Stick □ Walker □ Wheelchair

How long can you walk without stopping?
□ <2 blocks (5 min) □ 2-5 blocks (5-10 min) □ 0.5-1 km (10-20 min) □ >2km (>30 min)

Does your joint pain wake you from sleep? □ Never □ Occasionally □ Often □ Almost always

What activities does your hip/knee keep you from doing? (eg. Recreation, stairs, kneeling)

Please select what options you have tried for managing your hip/knee pain:
□ Physiotherapy □ Bracing
□ Anti-inflammatories Details: ____
□ Other Pain Medication Details: ____
□ Injections Details: ____
□ Other: ____

Allergies: Please be specific with your allergic reactions

Allergy	Reaction	Allergy	Reaction

Do you have a metal allergy? _________ Do you have a latex allergy? _________

Patient Name:
Birthdate: ______________________
Health Care #: __________________

Past Surgical History: If you are unsure about a date or location please estimate/guess

What	When	Location/Name of Surgeon

Previous Tests: If you are unsure about a date please estimate/guess

Test	Date	Location
□ Exercise stress test (treadmill)		
□ Thallium (nuclear medicine)		
□ Heart catheterization (angiogram)		
□ ECHO (heart ultrasound)		
□ Holter monitor		
□ ECG		
□ Pulmonary function		
□ Chest x-ray		
□ Sleep Study		

Tobacco Use

□ Never
□ Quit - Date: _____
# of years: ______ Amount used? ____ /per day
□ Yes:
Cigarettes: __ Cigars: __ Chew/Spit: __
# of years: _____ Amount used? _____ /per day

Alcohol Use

Do you drink alcohol? □ No □ Yes
# of drinks/week: _____ □ Beer □ Wine □ Liquor

Drug Use

Do you use marijuana or recreational drugs?
□ No □ Yes

Language Spoken: □ English □ Other_________

Vision: Problems □ No □ Yes □ Aids___________
Hearing: Problems □ No □ Yes □ Aids_________

Dental: □ Full Dentures, if no, date of last dental exam____________□ Caps/Crowns □ Bridgework

Anesthetic History: Please mark a check ✓ if it applies

___ Previous General anesthetic
___ Previous Spinal anesthetic
___ Complications from anesthetic, either yourself or a family member
___ History of nausea/vomiting after surgery

Patient Name:
Birthdate: ______________________
Health Care #: __________________

Review of Symptoms: Please mark a check ✓ for any symptoms you have currently or have had in the past. Please mark any other concerns in the other field below.

Neurological (Head)	**Respiratory (Lungs)**	**Kidney**
___ Problems moving or feeling any part of your body	___ Asthma	___ Kidney Problems
___ Stroke	___ Frequent Bronchitis	**Urinary**
___ Convulsions/Seizures	___ Emphysema	___ Prostate Problems
___ History of falls	___ Pneumonia	___ Previous catheterization
___ Mental disorders	___ Chronic obstructive pulmonary disease (COPD)	___ Frequent bladder infection
___ Depression	___ Shortness of breath	___ Difficulty controlling urine
___ Fainting/Blackouts	___ Tuberculosis	___ Incontinence
___ Polio	___ Sleep Apnea	___ Waking up to urinate
___ Dementia	OR	___ Seen a Urologist
___ Multiple Sclerosis	___ Snores at night	
___ Memory Loss	___ Stop breathing at night	
___ Fibromyalgia	___Tired from poor sleep	
Cardio/Vascular (Heart)	**Gastrointestinal (Stomach)**	**Cancer**
___ Heart Attack	___ Stomach Problems	___ Self ___ Family
___ Chest Pain	___ Acid reflux/Heartburn	**Skin**
___ Pacemaker	___Constipation ___ Diarrhea	___ Open sores or rashes
___ Low blood pressure	___ Irritable bowel	___ Infected toenails
___ High blood pressure	___ Recent weight gain/loss	___ Piercing
___ Blood clot to lung or leg	___ Crohn's	___Tattoos
___ Vascular disease	___ Colitis	
	___ Diabetes	**Musculoskeletal**
Blood	**Liver**	___ Osteoarthritis
___ HIV / AIDS	___ Liver Problems	___ Osteoporosis (thin bones)
___ Low blood count/Anemia	___ Hepatitis	___ Rheumatoid Arthritis
___ Reaction to blood transfusion		___ Jaw / Neck Problems
___ Jehovah Witness	**Endocrine**	___ Back Pain
___ Blood disorder	___ Steroid use (Cortisone/Prednisone)	___ Joint Infection
	___ Diabetes	___ Cortisone injection
	___ Thyroid Problems	When_____ Where______

Family Medical History (e.g. cancer, stroke, heart disease, diabetes, etc.)

Who	What

Support Person

If you proceed to surgery, who will help you during your preparation and recovery from surgery?

Name:___________________________________ **Relationship:**___________________________

Patient Name:
Birthdate: ______________________
Health Care #: __________________

Medications:

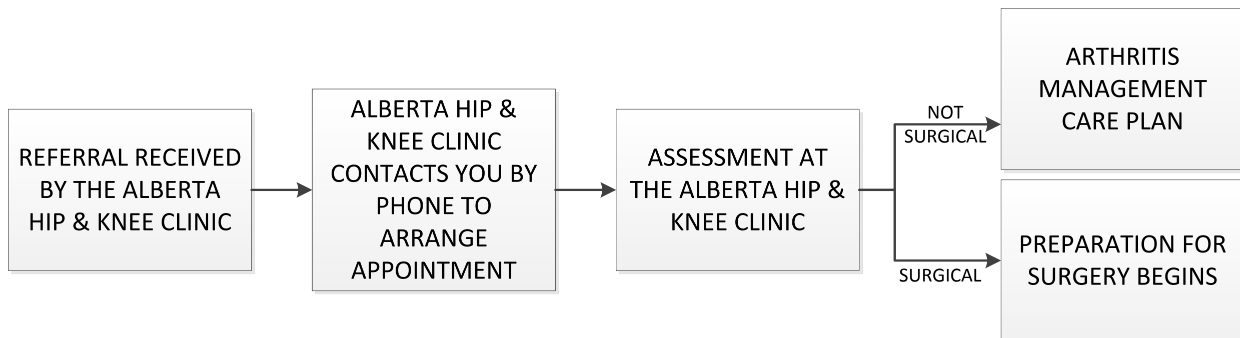
PLEASE WRITE **ALL** MEDICATIONS, VITAMINS AND SUPPLEMENTS YOU TAKE BELOW.
PLEASE ALSO BRING MEDICATIONS TO YOUR FIRST APPOINTMENT IN THEIR ORIGINAL CONTAINERS.

NAME	DOSE	TIME OF DAY TAKEN

WHAT HAPPENS NOW?

Our goal is to help each patient on their path to relieving the pain associated with hip and knee arthritis. Although the process may seem overwhelming at first glance, our staff and team approach will be there every step of the way to ensure that you receive the care you need.

We will call you as soon as an appointment is available. Your expected wait time is included in the first page of this package.



Please allow up to 3 hours for your first consultation.

Please bring the following with you to your first consultation;

- Your Alberta Health Care Card
- All medications, including vitamins and herbal supplements that you are currently taking, in their original containers.
- If referral is for a knee bring a pair of shorts, or a tank top for shoulder consult.
- Translator if needed
- A completed health history form (included in this package)

Common Questions

- **Is there a cancellation list?**
  All patients referred to us are kept on a single waitlist. If there is a cancellation, we simply go down the list and call the next patient until the appointment is filled. The waitlist is ordered by the date we received your referral. The urgency of you condition, as detailed by your family doctor, is considered.

- **Does my wait time start from the day I get the letter?**
  No, you are added to the waitlist the day we receive your referral.

- **How long after my initial appointment will I have to wait for surgery?**
  This is variable depending on surgeon. The time you wait is also dependent on your physical readiness for surgery. We will work closely with you to ensure you fully prepared for surgery.

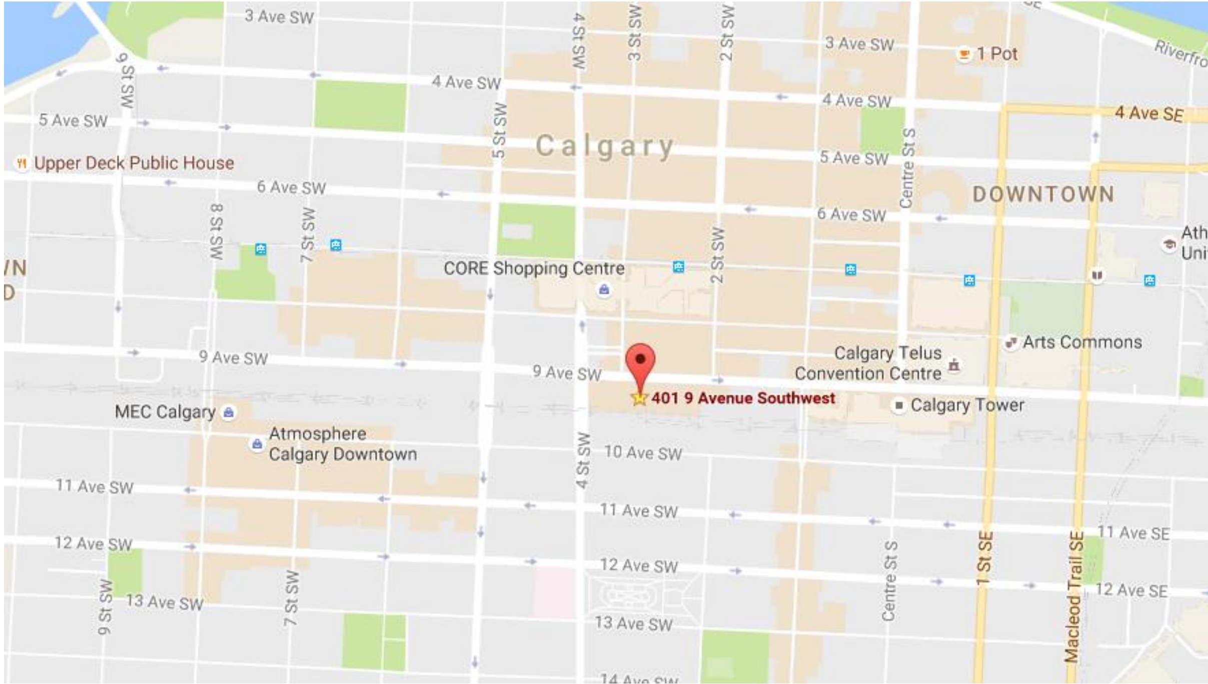
- **Is there any way I can shorten my current wait time?**
  All patients wait in order from the date their referral was received. We have strict waitlist policies in place to ensure all patients are treated equally and fairly.

- **What can I do while I am waiting to see the surgeon?**
  Using the time you must wait to see the surgeon and/or for surgery to optimize your health will make your experience here at the clinic smoother and timelier.
    - Remain as active as you can; the more physically fit you are, the easier it will be to recover if you have surgery.
    - Manage your other health concerns. If you have untreated Obstructive Sleep Apnea or High Blood Pressure, have a high HgbA1C, or are overweight you may experience delays until your health issue is treated. See your General Practitioner (GP) regarding these concerns.

- **What do I do about the pain in my hip or knee?**
    - Be as active as you can.
    - Work with your GP, who knows you best, to determine which ant-inflammatory/pain medications will work best for you.

DIRECTIONS

We are located in Gulf Canada Square: <u>Suite 335, 401 9th Avenue SW.</u>



Parking Information

The most convenient parking lot is a City of Calgary parking lot attached to Gulf Canada Square. Enter the Parking Structure immediately east of Gulf Canada Square at the intersection of 9th Avenue and 2nd Street SW. Follow the ramp up to the third level and enter the short term parking section to the right (4 hour maximum stay). The Alberta Hip and Knee Clinic is located just behind the elevators when you enter the doors connected to the short term parking lot.

Rates: Daytime Mon - Fri (06:00 - 18:00)
$3.25 per 1/2 hour to maximum of $18.00 (Minimum purchase $3.25)

There are also many other parking structures and street parking spots available near Gulf Canada Square. Please give yourself enough time to find a parking spot you are comfortable with.

Transit Information

The Alberta Hip and Knee Clinic is conveniently located 2 short blocks from the C-Train line. If you are coming from the east, you should get off at the 1st Street SW Station. If you are coming from the west, you should get off at the 3rd Street SW Station.