# Erik N. Zeegen, M.D.

Patient Name: _____ Today's Date: _____

DOB: _____ Ref MD: _____

Address: _____

Age: _____ _____

_____

Where is your pain: ☐Lower Back ☐Hip ☐Knee

Which side? ☐Right ☐Left ☐Both

Please describe your problem:

_____

_____

_____

***NOTES FOR DR. ZEEGEN:***

How long has it been hurting?_____ Pain has worsened in last_____(months/year)

☐Hx of Injury: ☐No ☐Yes When/How?_____

_____

☐Medications tried?_____ Benefit?_____ ☐P.T./ last?_____

☐Hx of **Oral Prednisone**? When?_____ Dosage?_____ How Long?_____

☐Walker/Cane…..Which hand? ☐Right ☐Left

Walking distance?_____ ☐Pain up and down

**Knee Symptoms**:

☐Swelling ☐Redness/Erythema

☐Giving Way/Buckling ☐Catching/Popping

☐Pain up/down stairs ☐Pain s/p long sitting

☐Bracing ☐PT

☐**Injections**: ☐Cortisone-Last Injection:_____

☐Visco.-Last Series completed:_____

(Supartz, Hyalgan, Synvisc, Eufflexa, Orthovisc)

**Hip/Lumbar Symptoms:**

☐Groin Pain ☐Lateral pain

☐Pain to Knee ☐Buttock Pain

☐Low Back Pain

☐Radiculopathy (numbness/tingling in toes)

How far down the leg?_____

☐**Injections**: ☐L/S last completed:_____

☐Hip- ☐Intra-articular ☐Lateral

## PAST MEDICAL HISTORY

List all medical conditions:

_____ _____
_____ _____
_____ _____
_____ _____

Do you have any of the following:

☐Diabetes ☐Heart Disease ☐Clotting disorder ☐Cancer ☐Hepatitis ☐HIV

## PAST SURGICAL HISTORY

List all previous surgeries:

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

## MEDICATIONS

List all medications (and dosages)

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Do you take any of the following: ☐Coumadin ☐Lovenox ☐Plavix

☐NSAIDS (i.e. Advil, Motrin, Aleve) ☐Aspirin

☐Prednisone (Last time?_____ How Much?_____)

## ALLERGIES

List all allergies to medications and reaction which occurs:

_____ _____
_____ _____
_____ _____
_____ _____

Allergic Reaction to: ☐Tape/Bandaids ☐Iodine (Contrast/Topical) ☐Chicken/Eggs

## FAMILY HISTORY

List all illnesses that run in your family: _____
_____

Mother's Age _____ Father's Age _____

☐Alive ☐Deceased ☐Alive ☐Deceased
Cause of death: _____ Cause of death: _____

Sibling(s) and ages _____

## SOCIAL HISTORY

Do you live alone? ☐Yes ☐No Who lives with you? _____

Do you have stairs at home? ☐Yes ☐No

What type of work do you do? _____

Marital status: ☐Married ☐Divorced ☐Widowed ☐Single
Number of children: _____

Smoke cigarettes: ☐Yes Number of packs per day: ____

Years smoking:_____ Used to, but quit _____ months/years ago

☐No

Alcohol consumption: ☐Never ☐Used to, but quit _____ years ago

☐Socially ☐Daily _____Times/week Type of Alcohol:_____

History of illicit drug use: ☐Yes ☐No If yes, what kind?_____ Last used?_____

**REVIEW OF SYSTEMS**

Please place a check mark next to any symptoms you have had or currently have:

*Constitutional*
__ Fevers, chills
__ Decreased appetite, weight loss
__ Night pain that awakens you from deep sleep

*Eyes, Ears, Nose, Throat*
__ Recent changes in vision
__ Glaucoma
__ Any metal fragments in your eyes
__ Nosebleeds
__ Hearing loss
__ Loss of balance

*Cardiovascular*
__ Chest pain
__ Palpitations
__ Irregular heartbeat
__ Shortness of breath
__ High blood pressure
__ Elevated cholesterol

*Respiratory*
__ Asthma/wheezing
__ Chronic cough
__ COPD/emphysema
__ Pneumonia or bronchitis
__ Tuberculosis
__ Lung cancer

*Gastrointestinal*
__ Upset stomach
__ Reflux (GERD)
__ Blood in stool
__ Dark black, tarry stools
__ Yellow jaundice
__ Gallbladder problems
__ Colon cancer

*Genitourinary*
__ Burning/pain with urination
__ Urinary frequency
__ Blood in urine
__ History of kidney stones
__ Enlarged prostate
__ History of prostate cancer

*Musculoskeletal*
__ Swelling in multiple joints
__ Excessive flexibility in joints
__ Reflex sympathetic dystrophy (RSD)

*Skin*
__ Chronic rashes
__ Eczema or psoriasis
__ Skin cancer or melanoma
__ Unusual birthmarks

*Neurological*
__ History of seizures
__ History of stroke/TIA
__ Dizziness
__ Memory loss

*Psychiatric*
__ Anxiety
__ Depression
__ Bipolar disorder
__ Schizophrenia

*Endocrine*
__ Diabetes
__ Thyroid problems
__ Taking hormone replacement therapy
__ Taking prednisone

*Hematologic*
__ Anemia
__ Easy bruising or bleeding problems
__ History of blood clots
__ History of blood transfusions

*I attest that the above information is correct*

_____ _____
Patient signature Date

*I have reviewed this information with the patient*

_____ _____
Physician signature Date

**PLEASE STOP HERE**

**PHYSICAL EXAM –To Be Completed by Dr. Zeegen**

**GENERAL EXAM**

**Vitals:** Height:_____ Weight:_____

Temp:_____ BP:_____ Pulse:_____ RR:_____

**General Appearance**

☐ WDWN in NAD ☐ Obese

**Orientation:**

☐A&O x 3

**Skin:**

☐Normal color, texture and turgor, no rashes noted throught trunk, bilateral upper extremities, and bilateral lower extremities

**HEENT:**

☐Normocephalic, atraumatic

☐Sclera nonicteric

☐No nasal discharge

☐Oropharynx is clear, dentition is good

**Neck:**

☐Supple, non-tender w/o LAD, no thyromegaly, no masses

**Cardiac:**

☐RRR ☐No murmurs, rubs, gallups

**Lungs:**

☐CTA bilaterally ☐Symmetric chest rise

**Abdomen:**

☐Soft, nontender, nondistended ☐Bowel sounds present

**MUSCULOSKELETAL EXAM**

**Gait:**

☐Normal reciprocal gait pattern without limp

☐Antalgic gait to right ☐Antalgic gait to left

☐Trendelenburg to right ☐Trendelenburg to left

**Cervical Spine:**

☐NTP along midline

☐Touch chin to chest

☐Degrees of extension_____ ☐Degrees of lat bending_____

**Lumbar Spine:**

☐Normal alignment ☐Scoliosis

☐NTP along midline and PSM

☐TTP along midline ☐TTP along right PSM ☐TTP along left PSM

☐SLR Right ☐Positive ☐Negative

Left ☐Positive ☐Negative

☐Able to bend forward and touch toes

☐Able to bend forward and get hands to: _____

☐Degrees of extension: _____ ☐Degrees of lateral bending: _____

**Upper Extremities:**

☐Full unrestricted ROM and no instability noted in right and left shoulders, elbows, wrists

☐Normal neurovascular exam of the right and left upper extremities

**Hip:**

☐Right hip: Flexion: _____ Ext Rotation: _____ Int Rotation: _____

Pain with PROM: ☐Yes ☐No

☐Left hip: Flexion: _____ Ext Rotation: _____ Int Rotation: _____

Pain with PROM: ☐Yes ☐No

☐Greater trochanteric tenderness on right ☐Yes ☐No

☐Greater trochanteric tenderness on left ☐Yes ☐No

☐Leg lengths Equal
R > L by _____
R < L by _____

☐Prior scars: Location:_____ Length:_____

| **Knee** | ***Right*** | ***Left*** |
|---|---|---|
| **Alignment:** | _____ | _____ |
| **ROM:** | _____ | _____ |
| **Effusion** | ☐Yes ☐No | ☐Yes ☐No |
| **Warmth** | ☐Yes ☐No | ☐Yes ☐No |
| **Erythema:** | ☐Yes ☐No | ☐Yes ☐No |
| **Joint line tenderness**: | ☐LJLT ☐MJLT | ☐MJLT ☐LJLT |
| | ☐None | ☐None |
| **Crepitus:** | ☐Yes ☐No | ☐Yes ☐No |
| **Pain with PROM**: | ☐Yes ☐No | ☐Yes ☐No |
| **Ligamentous** | | |
| Lachman's | ☐Pos ☐Neg | ☐Pos ☐Neg |
| Ant Drawer | ☐Pos ☐Neg | ☐Pos ☐Neg |
| MCL | ☐Stable ☐Med opening | ☐Stable ☐Med opening |
| LCL | ☐Stable ☐Lat opening | ☐Stable ☐Lat opening |
| **Patella** | | |
| Patella grind | ☐Pos ☐Neg | ☐Pos ☐Neg |
| Patella inhibition | ☐Pos ☐Neg | ☐Pos ☐Neg |
| Hypermobility | ☐Pos ☐Neg | ☐Pos ☐Neg |
| VMO atrophy | ☐Pos ☐Neg | ☐Pos ☐Neg |
| **Meniscal** | | |
| McMurray**'s** | ☐Pos ☐Neg | ☐Pos ☐Neg |

**Neuro:**

| | | |
|---|---|---|
| **Motor** | ☐5/5 Q/TA/EHL/GS/P | ☐5/5 Q/TA/EHL/GS/P |
| | ☐Weakness: _____ | ☐Weakness: _____ |

| | | |
|---|---|---|
| **Sensory** | ☐Intact to LT throughout | ☐Intact to LT throughout |
| | ☐Decreased: _____ | ☐Decreased: _____ |
| **DTR's** | ☐2+ T/B/BR | ☐2+ T/B/BR |
| | ☐Neg Hoffman's | ☐Neg Hoffman's |
| | ☐2+ Knee/Ankle | ☐2+ Knee/Ankle |
| **Vascular** | | |
| | ☐Palpable DP/PT | ☐Palpable DP/PT |
| | ☐CR < 2 sec all 5 digits | ☐CR < 2 sec all 5 digits |
| | ☐Distal edema | ☐Distal edema |

**IMAGING**

**XRAYS:**

| **Hip** | ***Right*** | ***Left*** |
|---|---|---|
| Joint space narrowing: | ☐None ☐Mild ☐Marked | ☐None ☐Mild ☐Marked |
| Subchondral sclerosis: | ☐Yes ☐No | ☐Yes ☐No |
| Osteophyte formation: | ☐Yes ☐No | ☐Yes ☐No |
| AVN | ☐Yes ☐No | ☐Yes ☐No |
| Other: | | |
| Date of exam | _____ | _____ |

| **Knee** | ***Right*** | ***Left*** |
|---|---|---|
| Alignment: | ☐Neut ☐Varus ☐Valgus | ☐Neut ☐Varus ☐Valgus |
| Joint space narrowing | ☐None | ☐None |
| | ☐Mild LAT ☐Mild MED | ☐Mild MED ☐Mild LAT |
| | ☐BOB LAT ☐BOB MED | ☐BOB MED ☐BOB LAT |
| Patellofemoral narrowing | ☐Yes ☐No | ☐Yes ☐No |
| Other: | | |
| Date of exam | _____ | _____ |

| **Spine** | ***Cervical*** | ***Lumbar*** |
|---|---|---|
| Alignment: | ☐Neut ☐Scoliosis ☐Kyphosis | ☐Neut ☐Scoliosis ☐Kyphosis |
| Joint space narrowing | ☐None | ☐None |
| | ☐DDD ☐Stenosis | ☐DDD ☐Stenosis |
| | ☐Spondylolisthesis ☐ Retro | ☐Spondylolisthesis ☐ Retro |
| Other: | | |
| Date of exam | _____ | _____ |

**MRI:**

☐ ***Right*** ☐ ***Left*** ☐Date of Exam:_____

☐Knee ☐Hip ☐L/S ☐Other:_____

☐Contrast ☐Without Contrast

Findings:

**BONE SCAN:** ☐Date of Exam:_____

Findings:

**CT SCAN:** ☐ ***Right*** ☐ ***Left*** ☐Date of Exam:_____

☐Knee ☐Hip ☐L/S ☐Other:_____

☐Contrast ☐Without Contrast

Findings:

**PLAN:**