

SAUMYA ORTHOCARE

CENTER FOR ADVANCED SURGERIES OF THE KNEE JOINT

210, BARONET, OPP SABARMATI POLICE STATION, AHMEDABAD, INDIA: 380005

<http://www.knee.in>, <http://www.totalkneecare.com>

Contact No: +91-79-27570022 (10 am to 8 pm); Emergency: +91-9825067334, Email: clinic@knee.in; globalorth@yahoo.com

Patient Information (To be filled in by Patient)

SOID: (Office use)

INDOOR ID: (Office use)

NAME:

SEX:

Date of Birth:

ADDRESS:

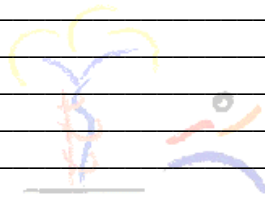
PHONE Resi:

PHONE Office:

MOBILE No:

Questionnaire

1. Please state in detail, what are your present complaints:



Property of

2. Past History related to your present complaint

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3. Past Medical History (in General)


4. Current Medications

5. Allergies:

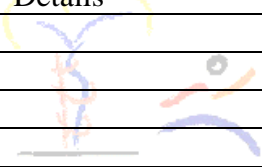
6. Social History (smoking/ Alcohol Consumptions/ Any other habits/ Addictions)

7. Family History

8. Detailed System Reviews

		Yes/ No	If yes, please provide details including medication
8.1	Musculoskeletal		
	Fractures in past		
	Dislocation in past		
	Back Injury in past:		
	Neck Injury in past:		
	Head Injury in past		
8.2	Constitutional		 <p>Property of "Saumya Orthocare: Center for Advanced Surgeries of the Knee Joint" DO NOT COPY DO NOT RECREATE</p>
	Fever		
	Anorexia		
	Night Sweats		
	Weight Loss		
	Abnormal Thirst		
8.3	ENT		
	Sore throat/ Infections		
	Ear pains/ infections		
	Common cold		
8.4	Skin		
	Frequent Rashes		
	Psoriasis		
8.5	Immunological		
	Frequent infections		
	Swelling of Feet		
8.6	Cardiac		
	Dizziness		
	Chest Pain		
	Fainting		
	Episodes of Breathlessness		
8.7	Respiratory		
	Cough		
	Shortness of breath		
8.8	Gastroenterological		
	Blood spitting		
	Heart burn		
	Blood in stools		
	Black Stools		
	Diarrhea/ Constipation		

8.9	Genitourinary		
	Frequent Urination		
	Painful Urination		
	Menstrual History (for Females)		
8.10	Neurological		
	Weakness in limbs		
	Temporary paralysis		
	Temporary loss of vision		
8.11	Psychiatric		
	Depression		
	Schizophrenia		
	Drug abuse		
	Alcohol Abuse		
8.12	Eye Sight		
	Impaired Eye sight		
	Headaches		
8.12	List your previous Hospitalizations including Operations		
	What reason	Dates	Details


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9. Job Profile

10. Expectations from Surgery

The information provided above is, to best of my knowledge, true. I have read the disclaimer attached with this sheet, and also available at <http://www.knee.in>. I accept the disclaimer.

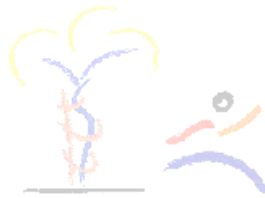
Name of Patient

(Signature of patient)
 Date: _____

N.B. Use extra sheet if required, wherever needed.

Disclaimer:

1. The information is collected from you with a good intention of providing good treatment. However, the treatment we suggest can not be a complete medical advice; as it has been provided without actually seeing the patient. The full medical advice can only be provided after actually examining the patient.
2. Hiding any information from the treating doctor can be dangerous to your health and life.
3. Investigations have their limitations. The plan sent by us stands true provided your clinical picture matches exactly with the reports you have sent to us.
4. You are advised to inform us, all the information, may be a small one, pertaining to your health. This helps your doctors to understand your health system well.
5. Indian Law applicable.



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