

Ronald D. Gardner, M.D.
Arthroscopic Reconstructive Surgery & Joint Replacement

Robert Martinez, M.D.
Arthroscopic Shoulder Surgery Joint Replacement

Brad Castellano, D.P.M
Foot & Ankle Specialty

W. Andrew Hodge, M.D.
Hip & Knee Joint Replacement



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Orthopedic Surgery & Sports Medicine

Edward R. Dupay, Jr., D.O.
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Aileen Padilla, D.O.
Physical Medicine & Rehabilitation
840 111th Ave. N, Ste. #7
Naples, Florida 34108

Name: _____ Date: _____ DOB: _____ Account #: _____

Height: _____ Weight: _____

BODY PART :

-The "BODY PART" identified for **today's appointment.** (Please Circle)

Left or Right: Knee Hip Shoulder Foot Ankle Other: _____

-The "BODY PART" was normal until when? _____

-Pain level on "1-to-10" scale (Note: "10" is consistent with LOSS OF CONSCIOUSNESS): _____

-What does your pain keep you from doing? _____

DESCRIBE YOUR PAIN:

ACHY STABBING SHARP DULL BURNING ELECTRICAL

-Are you or have you ever taken medicine to decrease your pain? Yes ____ No ____

Ibuprofen..... Aspirin..... Naproxen..... Meloxicam..... Celebrex.....Tramadol....

-Have you ever taken steroids or had medications injected into your joints? Yes ____ No ____

*If so, which joint and when, then, how much pain relief did you get (circle)?

None 25% 50% 75% 95% 100%

IN GENERAL:

-Have you ever had a DEXA or bone density test? Yes ____ No ____

If so, where & when was your last exam? _____

-Have you ever been told you have "Osteoporosis" or "Osteopenia"? Yes ____ No ____

-Do you take medicine, hormones or calcium supplements for your bones? Yes ____ No ____

If so, what and for how long? _____

Do you take the supplement, *Glucosamine & Chondroitin*? Yes ____ No ____

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For KNEES ONLY:

- Do you have swelling? Yes ___ No ___
- Can you sleep on your side with your knees touching/resting on each other? Yes ___ No ___
- Does it hurt to "twist" your knee when:
 - Getting into and out of your car? Yes ___ No ___
 - Walking with a sudden "pivot/twist" in one direction or another? Yes ___ No ___
 - Tapping something out of your path with a "twist" of your foot? Yes ___ No ___
- Can you squat? Yes ___ No ___
 - What's worse (circle): Going "down" into the squat or coming "up" out of it? Yes ___ No ___
- Does it your knee "lock" on you? Yes ___ No ___
 - ("Locking" is when your knee is straight & you can't bend it...or vise/ versa)
- Does it "give-way"? Describe: _____ Yes ___ No ___
- Can you go "up" & "down" stairs? What is worse (circle) Up Down Yes ___ No ___

For HIPS ONLY:

- Where is your pain located? "Front" (groin area).... "Side".... "Lower Back Area" _____
- Do you have pain with any of the following activities:
 - Bend forward to touch your toes? Yes ___ No ___
 - Put your shoes and socks on? Yes ___ No ___
 - Cross affected leg over the other? Yes ___ No ___
 - Sleep on the affected side? Yes ___ No ___
- Does your pain radiate:
 - Down into your knee(s)? Yes ___ No ___
 - Below the knee and into your foot? Yes ___ No ___

For SHOULDERS ONLY:

- Are you able to tuck in your shirt behind you without pain? Yes ___ No ___
- Are you able to do any of the following activities without pain:
 - Reach behind you? Yes ___ No ___
 - Sleep on your shoulder? Yes ___ No ___
- Does your pain radiate:
 - Down into your hand(s)? Yes ___ No ___
 - To your neck? Yes ___ No ___
- Can you reach up in front of you to get things from a cabinet? Yes ___ No ___
- Is it painful to bring your elbow up to 90 degrees? (Chicken Wing) Yes ___ No ___