

JUSTIN LaREAU, MD

Orthopaedic Surgeon | Knee & Hip Specialist



ILLINOIS
BONE & JOINT
INSTITUTE®

Move better. Live better.

New Patient / New Problem Questionnaire

PATIENT INFORMATION

Name:	Date of birth:	Visit date:
--------------	-----------------------	--------------------

Who sent you to come see us? PCP, friend, Internet, call center, other. . .

How can Dr. LaReau be most helpful today?

Height:	Weight:
----------------	----------------

JOINT PAIN QUESTIONNAIRE

In which joint is your pain located? *If not listed below, describe here:*

- Left knee Right knee Left hip Right hip

For knee pain, please answer the following:

Where is it located?

- Medial side Towards other knee
 Under knee cap Shin
 Lateral side Away from other knee
 Back of knee All over

For hip pain, please answer the following:

Where is it located?

- Groin Side of hip To the knee
 Buttock Thigh
 Past the knee

Rate your knee stiffness when you wake up:

- None Mild Moderate Severe Extreme

How long have you had this pain? < 6 months 6-12 months >1 year >5 years

Is your pain...

- Getting worse Staying the same Getting better Constant
 Frequent Once in a while

How would you rate your pain from 0 - 10, with 10 being the worst pain of your life:

Circle a number: 0 1 2 3 4 5 6 7 8 9 10

1010 Executive Ct Suite 250, Westmont, IL 60559

4700 Gilbert Ave Suite 51, Western Springs, IL 60558

630-323-6116

708-387-1737



ILLINOIS
BONE & JOINT
INSTITUTE®

JUSTIN LaREAU, MD

Orthopaedic Surgeon | Knee & Hip Specialist



ILLINOIS
BONE & JOINT
INSTITUTE®

Move better. Live better.

How much is your pain impacting your activities of daily living (ADLs) and quality of life?

Not at all Mildly Moderately Significantly

Do you use an assistive device? None Cane Walker Wheelchair

How would you describe your pain?

Sharp Aching Throbbing Burning Electric shock

Have you experienced any of the following?

Stiffness Swelling Numbness Weakness

Do you have a limp? None Minimal Moderate Severe

Do you have pain during the following activities?

Twisting/pivoting Straightening hip or knee fully Going up or down stairs
 Walking on an uneven surface Standing upright Sitting
 Rising from sitting Putting on pants, shoes and socks

Have you tried any of the following?

Advil/Aleve Tylenol Aspirin
 Meloxicam Celebrex Tramadol
 Opioid - Norco, Vicodin, etc.

Have you had injections into the joint?

None Yes, steroid/cortisone Date: _____
 Yes, gel - Synvisc, GelOne, etc. Date: _____
 Yes, other: _____ Date: _____

Have you participated in...

Formal physical therapy Self-directed exercise program
 Other regular exercise:

Have you ever had surgery before?

Never Yes, joint that Dr. LaReau is evaluating:
 Other surgery (please list):

Preferred Pharmacy:

JUSTIN LaREAU, MD

Orthopaedic Surgeon | Knee & Hip Specialist



ILLINOIS
BONE & JOINT
INSTITUTE®

Move better. Live better.

MEDICAL HISTORY

Have you ever been diagnosed with:

- Heart attack Stroke Diabetes, last A1C: Blood clot Sleep apnea CPAP/BiPAP
 Kidney problem Liver problem Lung problem MRSA infection Other: _____

Do you see any other specialist providers?

- Cardiology Hematology/oncology Endocrinology GI Nephrology Rheumatology
 Pain medicine Neurology Psychiatry Pulmonology Other: _____

Do you have any allergies? No Yes:

Do you have any sensitivities to metals? No Yes

Current medications: Attach list as needed

In the last two years, have you had a fall? No Yes

If yes, did this fall result in an injury? No Yes

SOCIAL HISTORY

What kind of work do you do?

- Mom/Dad Manual labor Desk job Retired Other:

Who lives at home with you? _____

Who is your support person if you need surgery? _____

Do you use any nicotine products? No Yes, include type and frequency: _____

Do you use any marijuana, CBD or THC products? No Yes:

Do you regularly use any illicit substances? No Yes:

How often do you have an alcoholic drink? Never Monthly or less 2-4 times a month

Weekly, days per week: _____

If you do drink alcohol:

1. When you do drink, how many drinks do you typically have in one sitting? _____

2. How many times in the last year have you had more than 8 drinks (6 for women) in one sitting? _____

1010 Executive Ct Suite 250, Westmont, IL 60559

630-323-6116

4700 Gilbert Ave Suite 51, Western Springs, IL 60558

708-387-1737



ILLINOIS
BONE & JOINT
INSTITUTE®