

# Dr Christopher Vertullo : Specialist Orthopaedic Knee Surgeon

## Medical History Questionnaire

Please answer each question to the best of your ability. If you have any questions, please ask.

<b>Surname</b>			<b>First Name</b>				
<b>Preferred Name</b>		Mr	Mrs	Miss	Ms	Dr	Other
<b>Address</b>							
						Postcode	
<b>Date of Birth</b>		<b>Email</b>					
<b>Age</b>		<b>Occupation</b>					
<b>Phone Numbers</b>	Mobile						
	Work		Home				

<b>Next of Kin</b>		<b>Contact No</b>	
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<b>Medicare No</b>		Ref No Adjacent to Your Name		<b>Expiry Date</b>	
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<b>Are you eligible for Veteran's Affairs?</b>	Y	N	<b>DVA No</b>			
<b>Do you have a Pensioner/Health Card?</b>	Y	N	<b>Card No</b>		<b>Exp</b>	
<b>Do you have private health insurance that currently covers you as a patient for treatment in a Private Hospital ?</b>	Y	N				
<b>Name of Health Fund</b>			<b>Membership No</b>			
<b>Membership &gt; 12 months ?</b>	Y	N	<b>Reference No</b>			

<b>Is this related to a Worker's Compensation/Insurance Claim?</b>	Y	N			
<b>Name of Work Cover or Insurer</b>			<b>Claim Number</b>		
<b>Case Manger / Solicitors Name</b>			<b>Case Manger Contact No</b>		
<b>Work-Cover/ Insurer's Address</b>					

<b>Name of Usual GP</b>		<b>Name of Physio</b>	
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<b>Please list any allergies you suffer from :</b>	
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<b>PLEASE LIST ANY MEDICATIONS:</b>	
	<b>WEIGHT</b> _____ <b>kg</b>
	<b>HEIGHT</b> _____ <b>cm</b>

**Medical History: Please Circle If You Suffer or Have Suffered From :**

Diabetes	Y	N	Anxiety - Depression or PTSD	Y	N	Chronic Pain Syndrome	Y	N
Leg or Feet Numbness	Y	N	Chronic Back Pain	Y	N	Prostate or Urinary Problems	Y	N
Prior Heart Attack, Angina or Cardiac Bypass	Y	N	Asthma / Emphysema	Y	N	Rheumatoid or Gout or Pseudogout	Y	N
Taking Warfarin or Plavix or Similar	Y	N	Prednisone / Methotrexate or Other	Y	N	Kidney / Liver Disease or Active Cancer	Y	N

**Any other current or past medical problems ?**

Please Provide Details

**Have you or immediate family ever suffered a blood clot ?**

Y  
N

Please Provide Details

**Are you a current smoker ?**

Y  
N

**Which Knee is Affected?**

Right      Left      Right & Left

**Please Circle Any Prior Treatments:**

Physiotherapy	Anti-inflammatories	Panadol	Braces
Glucosamine	Weight Loss	Synvisc	Surgery

**Please detail any prior knee surgery:**

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**For how long have you had the problem?**

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**Is the problem a result of a event or injury?**

Y      N

**If an injury occurred, please describe it here:**

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On the below scale mark x on your lowest and highest pain level in the last week with 0 being no pain

☺ Min 0    1    2    3    4    5    6    7    8    9    10    Max ☹

**WHAT SYMPTOMS HAVE YOU HAD IN THE LAST 4 WEEKS?**

Please click the box to answer '✓' in the adjacent box.

<p><b><u>LIMP</u></b></p> <p>None Slight or Periodical  Severe &amp; Constant</p> <p><b><u>SUPPORT</u></b></p> <p>None  Stick or Crutch  Weight bearing impossible</p> <p><b><u>LOCKING</u></b></p> <p>No locking or catching  Catching sensation but no locking  Locking occasionally  Frequently  Locked joint on examination</p>	<p><b><u>INSTABILITY</u></b></p> <p><i>Never giving way Rarely during athletics or severe exertion Frequently during severe exertion (incapable of participation) Occasionally in daily activities Often in daily activities Every step</i></p> <p><b><u>PAIN</u></b></p> <p><i>None  Inconstant, slight during severe exertion Marked during severe exertion Marked on or after walking more than 2km  Marked on or after walking less than 2km  Constant</i></p>	<p><b><u>SWELLING</u></b></p> <p>None  On severe exertion  On ordinary exertion  Constant</p> <p><b><u>STAIR CLIMBING</u></b></p> <p>No problems  Slightly impaired  One step at a time  Impossible</p> <p><b><u>SQUATTING</u></b></p> <p>No problems  Slightly impaired  Not beyond 90 degrees  Impossible</p>	<p><b><u>ACTIVITY LEVEL</u></b></p> <p>Please click the box to answer '✓' in the adjacent box.</p> <p><i>National / Elite Sport State level Sport Competitive jumping / pivoting sport Competitive running sport <b>OR</b> recreational jumping/ pivoting sport Recreational running sport <b>OR</b> jogging 5X a week Heavy labor <b>OR</b> competitive cycling <b>OR</b> Recreational sports: jogging at least 2X a week Moderately heavy labour <b>OR</b> Recreational cycling <b>OR</b> jogging Light Labor <b>OR</b> swimming <b>OR</b> walking Sedentary work <b>OR</b> walking on uneven ground Sick Leave <b>OR</b> disability due to knee problems</i></p>
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# OSSM KNEE STATUS QUESTIONNAIRE REGISTRATION FORM

Date:

Please answer the following three questions as an indication of your current knee condition.

A) TODAY, how would you rate the pain in your affected knee if 0% is no pain and 100% is the worst pain possible. Eg. Minimal pain on a daily basis 30%.

NO PAIN 0% 😊

Please enter % \_\_\_\_\_

WORST PAIN 100% 😞

B) TODAY, how would you rate your affected knee overall as a percentage of normal. Normal being 100%.

Please enter % \_\_\_\_\_

NORMAL 100% 😊

C) Do you consider the current state of your knee to be satisfactory Yes  No

*Please answer the following 12 questions. Choose only one answer per question. The value for each answer is indicated to the right of the answer. Please only consider how you have been getting on during the past four weeks due to your knee.*

1. How would you describe the pain you have usually from your knee?

- Score
- None – 4
  - Very mild – 3
  - Mild – 2
  - Mild moderate – 1
  - Severe – 0

7. Have you been limping when walking because of your knee?

- Score
- Rarely/never – 4
  - Sometimes or just at first – 3
  - Often, not just at first – 2
  - Most of the time – 1
  - All of the time – 0

2. For how long have you been able to walk before the pain from your knee became severe (with or without a stick)?

- No pain, even after more than 30 minutes – 4
- 16-30 minutes – 3
- 5-15 minutes – 2
- Around the house only – 1
- Unable to walk at all – 0

8. Have you felt that your knee might suddenly give way or let you down?

- Rarely/never – 4
- Sometimes or just at first – 3
- Often, not just at first – 2
- Most of the time – 1
- All of the time – 0

3. After a meal (sat at a table) how painful has it been for you to stand up from a chair because of your knee?

- Not at all painful – 4
- Slightly painful – 3
- Moderately painful – 2
- Very painful – 1
- Unbearable – 0

9. If you were to kneel down could you stand up afterwards?

- Yes, easily – 4
- With little difficulty – 3
- With moderate difficulty – 2
- With extreme difficulty – 1
- No, impossible – 0

4. Have you been troubled by pain from your knee in bed at night?

- No nights – 4
- Only 1 or 2 nights – 3
- Some nights – 2
- Most nights – 1
- Every night – 0

10. Have you had any trouble with washing and drying yourself all over because of your knee?

- No trouble at all – 4
- Very little trouble – 3
- Moderate trouble – 2
- Extreme difficulty – 1
- Impossible to do – 0

5. How much pain from your knee interfered with your usual work (including housework)?

- Not at all – 4
- A little bit – 3
- Moderately – 2
- Greatly – 1
- Totally – 0

11. Have you had any trouble getting in and out of a car or using public transport because of your knee?

- No trouble at all – 4
- Very little trouble – 3
- Moderate trouble – 2
- Extreme difficulty – 1
- Impossible to do – 0

6. Have you been able to walk down a flight of stairs

- Yes, easily – 4
- With little difficulty – 3
- With moderate difficulty – 2
- With extreme difficulty – 1
- No, impossible – 0

12. Have you been able to do your own household shopping on your own?

- Yes, easily – 4
- With little difficulty – 3
- With moderate difficulty – 2
- With extreme difficulty – 1
- No, impossible – 0

**Total Score:**  
**/48**

# PRIVACY POLICY

**Dr Christopher Vertullo MBBS QLD  
FRACS FA ORTH A**

Under the Privacy Amendment Act 2000 it is important that Medical Practitioners explain to patients your rights as to the data collected. As a health provider in the private sector, we are bound by the Act's National Privacy Principles, a copy of which can be given to you on request.

As part of our commitment to your care, we require your consent to obtain the following information:

- Personal details such as name, address, date of birth, telephone number, next of kin, Medicare number and insurance details.
- You and your family's medical history, as well as your current medications, pathology and radiology reports, and results of relevant physical examinations.
- All correspondence from your health providers such as referral letters, pathology results, radiology results.

Your electronic record is secured by a password. A letter will be written by Dr Vertullo to your referring doctor, detailing the consultation so they can help manage your condition.

Except where the law requires disclosure, we will only release any other personal information to relatives or other third parties if we have your written authority. Information relevant to billing and debt recovery may have to be disclosed without your authority.

Information will be passed to Commonwealth agencies such as Medicare and the Department of Veterans' Affairs only on your written authority.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE TYPE NAME AND DATE IF COMPLETING FORM ONLINE

## FEEDBACK

**Can you please let us know who suggested you seen by Dr Vertullo?**

Please tick whichever is appropriate:

We encourage you to rate us on Rate Your MD at [www.ratemds.com](http://www.ratemds.com)

- GP recommendation only
- GP recommendation and other
- Physiotherapist recommendation
- Friend recommendation
- Internet site
- Media story
- Other

## CLINICAL RESEARCH

Dr Vertullo is an Associate Professor at Griffith University and Bond University, lecturing to other doctors nationally & internationally. As part of this, he undertakes research in anterior cruciate ligament reconstruction, knee replacement, prevention of osteoarthritis and the improved treatment of meniscal tears.

You may be a candidate to be involved in some of these studies, if you wish. These studies aim to improve outcomes for patients with knee problems, similar to yours. Involvement can be as little as agreeing to have your case reported to other doctors in a confidential manner in a medical journal.

If you express your interest now, you are of course under no obligation and can change your mind at any time. If you agree, Griffith University Department of Health Science may contact you to participate. If you circle no, we would not contact you in the future. If you wish to discuss this further with Dr Vertullo, please feel free do so at the time of your consultation. We understand if you can't afford the time, but often being involved in a study takes no effort or extra time on your behalf, and can really make a difference.

**If you are interested in becoming involved, please tick the boxes.**



<input type="checkbox"/>	Yes - I Am Happy to Spend Some Time Being Involved
<input type="checkbox"/>	Yes - As long I Dont Have To Do Anything
<input type="checkbox"/>	Depends On What's Involved
<input type="checkbox"/>	Sorry, But No