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.

Surname | **First Name**

Preferred Name | Mr | Mrs | Miss | Ms | Dr | Other

Address

Postcode

Date of Birth | Email

Age | Occupation

Phone Numbers Mobile

Work | Home

Next of Kin | Contact No

Medicare No | Ref No Adjacent to Your Name | Expiry Date

Are you eligible for Veteran's Affairs ? Y N | DVA No

Do you have a Pensioner or Health Card ? Y N | Card No | Exp Date

Do you have private health insurance that currently covers you as a patient for treatment in a Private Hospital ? Y N

Name of Health Fund | Membership No

Membership > 12 months ? Y N | Reference No

Is this related to a Worker's Compensation / Insurance Claim ? Y N

Name of Work Cover or Insurer | Claim Number

Case Manger / Solicitors Name | Case Manger Contact No

Work-Cover/ Insurer's Address

Name of Usual GP | **Name of Physio**

Please list any allergies you suffer from :

What medications do you take ?

What is your weight? kg

What is your height? cm

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

Condition			Condition			Condition		
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 Immunosupressive	Y	N	Kidney / Liver Disease or Active Cancer	Y	N

Any other current or past medical problems ? Please Provide Details

For Females : Are you Pregnant ? Y / N

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:

For how long have you had the problem

Is the problem a result of a event or injury Y / N

If an injury occurred, please describe it here:

Please CIRCLE pain levels in the last week													
Least	Max	10	9	8	7	6	5	4	3	2	1	0	Min
Worst	Max	10	9	8	7	6	5	4	3	2	1	0	Min

WHAT SYMPTOMS HAVE YOU HAD IN THE LAST 4 WEEKS?
Please click the box to answer '✓' in the adjacent box.

LIMP
- ☐ None
- ☐ Slight or Periodical
- ☐ Severe & Constant

SUPPORT
- ☐ None
- ☐ Stick or Crutch
- ☐ Weight bearing impossible

LOCKING
- ☐ No locking or catching
- ☐ Catching sensation but no locking
- ☐ Locking occasionally
- ☐ Frequently
- ☐ Locked joint on examination

INSTABILITY
- ☐ Never giving way
- ☐ Rarely during athletics or severe exertion
- ☐ Frequently during severe exertion (incapable of participation)
- ☐ Occasionally in daily activities
- ☐ Often in daily activities

PAIN
- ☐ 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

SWELLING
- ☐ None
- ☐ On severe exertion
- ☐ On ordinary exertion
- ☐ Constant

STAIR CLIMBING
- ☐ No problems
- ☐ Slightly impaired
- ☐ One step at a time
- ☐ Impossible

SQUATTING
- ☐ No problems
- ☐ Slightly impaired
- ☐ Not beyond 90 degrees
- ☐ Impossible

ACTIVITY LEVEL

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

- ☐ *National / Elite Sport*
- ☐ *State level Sport*
- ☐ *Competitive jumping / pivoting sport*
- ☐ *Competitive running sport **OR** recreational jumping/pivoting sport*
- ☐ *Recreational running sport **OR** jogging 5X a week*
- ☐ *Heavy labor **OR** competitive cycling **OR** Recreational sports: jogging at least 2X a week*
- ☐ *Moderately heavy labour **OR** Recreational cycling **OR** jogging*
- ☐ *Light Labor **OR** swimming **OR** walking*
- ☐ *Sedentary work **OR** walking on uneven ground*
- ☐ *Sick Leave **OR** Disability because of knee problems*

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:

a. Personal details such as name, address, date of birth, telephone number, next of kin, Medicare number and insurance details.
b. You and your family's medical history, as well as your current medications, pathology and radiology reports, and results of relevant physical examinations.
c. 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: ___________________________

FEEDBACK

Can you please let us know who suggested you seen by Dr Vertullo?
Please circle whichever is appropriate:

1. GP recommendation only
2. GP recommendation and other
3. Physiotherapist recommendation
4. Friend recommendation
5. Internet site
6. Media story
7. 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, could you please mark with an "X".

	Yes - I Am Happy to Spend Some Time Being Involved
	Yes - As long I Dont Have To Do Anything
	Depends On What's Involved
	Sorry, But No