

COMPREHENSIVE OSTEOARTHRITIS MANAGEMENT, EDUCATION AND TREATMENT CLINIC (COMET) THIS CLINIC IS FOR CONFIRMED OSTEOARTHRITIS DIAGNOSES ONLY					
REFERRING PHYSICIAN INFORMATION			PATIENT INFORMATION		
Name:				Name:	
Specialty:				Address:	
Phone:				Date of Birth:	
Fax:				Health Care #:	
Address:				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Family Physician (if different) :			Occupation:		
Name:				Contact number:	
Phone:				Email:	
AFFECTED JOINT(S):					
Hip: <input type="checkbox"/> Left <input type="checkbox"/> Right		Knee: <input type="checkbox"/> Left <input type="checkbox"/> Right			
<p>PLEASE ATTACH EXISTING X-RAY REPORTS OF THE AFFECTED JOINT</p> <p>If no X-ray report is available from within the last 6 months, we recommend the following views:</p> <ul style="list-style-type: none"> • Knee: standing AP, standing Tunnel and lateral • Hip: AP pelvis, AP and lateral of affected hip 					
CURRENT SYMPTOMS (CHECK ALL THAT APPLY):					
<input type="checkbox"/>	Locking	Pain with activity	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<input type="checkbox"/>	Instability/Giving way	Pain at rest/nighttime	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<input type="checkbox"/>	Other:				
How long has the patient been experiencing symptoms?			<input type="checkbox"/> Weeks	<input type="checkbox"/> Months	<input type="checkbox"/> Years
TREATMENTS TO DATE:					
Oral Medications:		<input type="checkbox"/> NSAIDS	<input type="checkbox"/> Tylenol	<input type="checkbox"/> Opioids	<input type="checkbox"/> Other:
Injections:		<input type="checkbox"/> Steroid	<input type="checkbox"/> Stem Cells	<input type="checkbox"/> Hyaluronic Acid	<input type="checkbox"/> Platelet Rich Plasma
<input type="checkbox"/>	Physiotherapy	<input type="checkbox"/>	Exercise	<input type="checkbox"/>	Bracing/orthotics
				<input type="checkbox"/> Other:	
Current Medications:					
Pertinent Past Medical History:					
Recreational Activities:					