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Joint Replacement, Sports Medicine,
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Name _____ Date _____

Review of Systems for all NEW patients and patients scheduled for upcoming surgery

Please answer the following questions by circling YES/NO

1. YES/NO Have you ever had a stroke?
2. YES/NO Have you ever had a TIA (mini-stroke)?
3. YES/NO Do you have Heart Disease?
4. YES/NO Have you ever had a heart attack?
5. YES/NO Have you ever had an irregular heart beat?
6. YES/NO Do you have peripheral vascular disease or circulation problems?
7. YES/NO Have you ever had a DVT or blood clot in your legs?
8. YES/NO Have you ever had a pulmonary embolism or clot that traveled to lungs?
9. YES/NO Do you have COPD or asthma?
10. YES/NO Do you have Sleep Apnea?
11. YES/NO Do you have Diabetes?
12. YES/NO Do you need to get up in the middle of the night to urinate/pee?
13. YES/NO Do you have a history of urinary tract infections?
14. YES/NO Do you have a history of stomach ulcers or GI reflux (GERD)?
15. YES/NO Do NSAIDs medications like Advil, Motrin, Aleve bother your stomach?
16. YES/NO Do you have any dental work that needs to be done (root canal, tooth removal, routine cleaning)?
17. YES/ NO Do you have current foot issues (ulcers/ ingrown nails)?

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18. YES/NO Do you have any open wounds/ ulcers anywhere on your body currently?

19. YES/NO Do you have a known allergy to metals?

20. YES/NO Are you currently taking any of the following medications?

- a. YES/NO Prednisone
- b. YES/NO Methotrexate
- c. YES/NO Embrel
- d. YES/NO Humira
- e. YES/NO Other immunosuppressant medication
- f. YES/NO Aspirin
- g. YES/NO Coumadin
- h. YES/NO Aleve, Advil, Motrin, Ibuprofen, Naproxen, Diclofenac or other NSAID
- i. YES/NO Plavix
- j. YES/NO Xarelto, Lovenox, other anticoagulation medication

21. YES/NO Have you had any Fevers/ Chills recently?

22. YES/NO Have you had any unexplained weight loss recently?