Joint Injection / PRP Consultation Screening Questionnaire

Which area would you like evaluated?

☐ Shoulder
☐ Elbow
☐ Wrist or hand
☐ Hip
☐ Knee
☐ Ankle or foot
☐ Tendon or ligament
☐ Other: _____

Which symptoms are you experiencing?

☐ Pain at rest
☐ Pain with activity
☐ Stiffness
☐ Swelling
☐ Weakness
☐ Reduced range of motion
☐ Clicking or catching
☐ Instability
☐ Reduced ability to exercise or perform daily activities

How long has the condition been present?

☐ Less than one month
☐ One to three months
☐ Three to twelve months
☐ Longer than one year

Have you had imaging of this area?

☐ X-ray
☐ MRI
☐ CT scan
☐ Ultrasound
☐ No imaging

Which treatments have you already tried?

☐ Rest or activity modification
☐ Physical therapy
☐ Medication
☐ Steroid injection
☐ Other injection
☐ Surgery
☐ Prior PRP treatment
☐ No previous treatment

What activity or function would you most like to improve?

_____