Conservative Treatment History Form (Joints)

Magellan HEALTHCARE

There is significant value in conservative treatment. It is also important to document and for your provider to know your recent efforts before establishing further tests and or treatment.

The information in this form will capture conservative treatment history in the event an **intervention on your joints** needs to be requested. For other procedures, a different form might be needed.

Please print clearly. Processing may be delayed if information submitted is illegible or incomplete.

Today's Date:	Patient:	Date of Birth:

Think about why you are seeing your provider today. Have you had these symptoms for six months or more?	☐ YES ☐ NO
If no to the above, how long have you had these symptoms?	
Have you tried any of the following treatments?	
Rest / changes or limiting your activity?	☐ YES ☐ NO
Weight reduction?	☐ YES IF YES, HOW MANY POUNDS________ ☐ NO
Walking and or balancing aid?	☐ CANE ☐ CRUTCHES ☐ WALKER
Heat or ice?	☐ HEAT ☐ ICE ☐ BOTH
Knee brace?	☐ YES ☐ NO
Physical Therapy?	☐ YES ☐ NO
If yes to physical therapy, please complete this section. What was the month and year you started? ___________ What was the month and year you had your last session? ___________	
Physician recommended home exercises for this problem?	☐ YES ☐ NO
If yes to physician recommended home exercises, please complete this section. What was the month and year you started? ___________ What was the month and year you had your last session? ___________	
Medications for this problem like over the counter anti-inflammatory or pain medications (ibuprofen, Tylenol) or narcotics?	☐ YES ☐ NO If yes, have you been taking them for 3 or more months? ☐ YES ☐ NO
Injection in the joint (Cortisone or Viscosupplement)?	☐ YES ☐ NO Date of injection(s)? __________

Signatures

This completed, signed form will be part of the patient's medical record. When history of conservative treatment is required, this form or all information requested herein, should be supplied.

Patient	Provider

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