

## **Additional Information Needed**

### **Arthritis/Fibromyalgia/Back or Joint Surgery or Condition**

1. What type of arthritis/condition? (Osteoarthritis, Degenerative or Rheumatoid)
2. When was the arthritis/condition diagnosed?
3. What medications are used, including dosages, when started taking and date of any injections?
4. Any narcotic use, if so how often taking it and what medication?
5. Any steroid use, need to know how often and dosage, when was a steroid last taken?
6. Any joint deformities or joint replacement/surgeries and dates?
7. Any physical therapy, give time of last session if not currently in?
8. Any recent flares or hospitalizations, when was the last one and what treatments were done?
9. Any assistive devices used or activity limitations or restrictions? Please explain.
10. Any surgeries pending or recommended that have not been performed yet? Give details.

### **Asthma/COPD/Emphysema/Respiratory Problems/Sleep Apnea**

1. Which condition and when diagnosed?
2. Do you smoke? If a smoker in the past, when did you quit?
3. Are the pulmonary function tests within normal limits, what is the severity of the condition?
4. Any steroid use, need to know how often, dosage, and date of last use?
5. Any other medications, nebulizer use, or inhalers used, please list and how often taking?
6. Frequency of flare ups or hospitalizations, please give time frame of last occurrence and how often they have happened in the past, approximately?
7. Any limitations such as shortness of breath, activity intolerance, etc?
8. Any oxygen and or CPAP use, how often using and when was it initiated?

### **Cancer**

1. Where did the cancer originate? When was the cancer diagnosed?
2. What stage of cancer (1-4)? Was the cancer an advanced stage? (For melanoma, need the Clark level and for colon cancer need the Duke classification)
3. What was the last date of treatment for the cancer? (any tamoxifen, arimidex, or lupron used and dates used )
4. Has the cancer spread to any lymph nodes or other organs, please give # of lymph nodes that were cancerous and details of any other spread of the cancer?
5. (If prostate cancer) What is current PSA level, has it trended downward since the cancer treatment?
6. Has the PSA increased since the last treatment for cancer, any need for additional treatment?
7. Have you had more than one cancer or a cancer that has come back? Need details of each cancer and date of last treatment for each occurrence.

### **Diabetes**

1. When diagnosed?
2. What was the last hemoglobin A1C% reading from their blood work? What do the blood sugars typically read?
3. Any diabetic complications such as neuropathy, retinopathy (eye problems), kidney problems (protein in urine), circulatory problems (amputations), heart conditions, or stroke/TIA? Please give details.
4. What medications are you taking for the condition and how long taking them? Any changes in meds?
5. Does you use insulin, if so need total daily dosage? When did insulin use start?

### **Depression/Bipolar/Anxiety/Nervous Disorder**

1. When diagnosed? Which condition?
2. Are there any situations related to above, please explain?
3. Any hospitalizations, shock therapy, or counseling/talk therapy, please give dates and how often for therapy?
4. What medications are used and when were they started? Any as needed medications, please give medication name and frequency of use?
5. Can you care for yourself without needing any assistance, any limitations?
6. Any suicide attempts or suicidal thoughts presented to a therapist or doctor?

## **Additional Information Needed**

### **Heart Disease/Conditions/Aneurysm** (need type: thoracic, abdominal aortic, or cerebral)

1. Any heart surgeries or procedures such as: bypass (need # of vessels involved), angioplasty (need # of stents), pacemaker, defibrillator, heart valve replacement, aneurysm surgery or other? Please give dates of procedures.
2. Have you fully recovered from any procedure that was done? Are you released from doctor's care or do you have restrictions on activity?
3. Any heart attack, cardiomyopathy, congestive heart failure, atrial fibrillation or chest pains? Please give dates? Are you being treated currently for any of these conditions?
4. Do you have regular follow up with doctor? Are stress tests or echocardiograms done and negative? For aneurysm if not operated, what size is it and has it grown in the last 2 years?
5. Have you experienced any cardiac symptoms such as chest pain, shortness of breath, activity intolerance, dizziness or fainting within the last few years, please explain and give dates?
6. Have you had any abnormal EKGs, give details? Has heart been in normal sinus rhythm for over 2 years? What is the ejection fraction of the heart?
7. Any pending tests or procedures? Please give what and when scheduled for?

### **Osteoporosis**

1. When diagnosed?
2. What treatment are you taking?
3. When was last bone density test done, what were the T scores, have they improved or worsened since the last test?
4. Any fractures? If yes, when? How many fractures? When was it healed? Any loss of height, if so how much?

### **Prostate Condition** (Benign, non cancerous. If cancer, go to cancer section)

1. When diagnosed?
2. What is the highest the PSA has been? When was it this high?
3. Have you had all recommended biopsies? When and what were the results?
4. Are you taking any medications or have you had any surgeries or procedures done? Please give details and dates?
5. Has the PSA increased since any treatment, when and what was the reading?
6. Are there any pending tests or procedures that have not been done? What and when are they scheduled for? Is the testing routine or a follow-up to an elevated reading?

### **Stroke/CVA/TIA**

1. How many episodes, what type of episode and when were they?
2. Any residual problems related to the episode like numbness, weakness, pain, need for assistive devices, unsteady gait, slurred speech, visual problems or other?
3. Any white matter changes, small vessel disease, ischemic changes, cerebral atrophy or other abnormalities detected on MRI?
4. Any cognitive limitations? Please explain, if yes.

### **Vision problems/Macular Degeneration/Glaucoma/Blindness**

1. When and what diagnosed?
2. Is there visual loss, if so, is it worsening? How long has the vision loss been stable?
3. Any limitations? Can you perform all activities of daily living, including driving and taking care of finances? List everything for which you need assistance.

### **Neurological problems/Dizziness/Falls/Epilepsy/Seizures**

1. When and what diagnosed? When was last episode? Has the condition worsened? How long stable?
2. Any cognitive or physical limitations related to condition? Any injuries? Can you drive an automobile?
3. Has a full work up been done to rule out underlying disease? Is a work up in progress?
4. Have you had a normal EEG/MRI in the last year? If not, give details on abnormalities?