ASCOT JOINT PAIN CLINIC

Patient Details	MALE ☐ FEMALE ☐
Name:	
DoB:	
Address:	
NHS No:	
GP Name:	
Address:	

Please complete the following sections as appropriate.

History & (Provisional) Diagnosis

JOINT AFFECTED	Duration:
	<6 weeks ☐
	>6 weeks ☐
	>6 months ☐

TRAUMA **YES** ☐ **NO** ☐

NIGHT PAIN **YES** ☐ **NO** ☐

PROVISIONAL DIAGNOSIS:

Relevant Past Medical History:

HISTORY OF CANCER: **YES** ☐ **NO** ☐

History of Anticoagulant use: **YES** ☐ **NO** ☐

Allergies/adverse drug reactions: