

Stem Cell Intake Form

This form is to be used to help patient understand if they may be a candidate for either a cell based treatment such as bone marrow derived stem cells or joint replacement. This is not an exact science. Each patient is a gift from God and everyone responded differently. We are just providing an educated assessment. Your assessment is NOT a medical diagnosis. This is merely a simple medical triage tool designed to help patients understand what treatment may provide the best results with the least amount of risk

Name: _____

Age: _____

Sex: Male Female

- Which joint is bothering you?
 - Knee
 - Hip
 - Ankle
 - Foot
 - Shoulder/ Elbow
 - Hand/ wrist
- What side?
 - Right
 - Left
 - Both
- If this is happening on both sides, which side is more symptomatic?
 - Right > Left
 - Left > Right
 - Equal
- Have you been diagnosed with a torn ligament or meniscus or cartilage?
 - Yes
 - No
- If yes, do you have an MRI confirming this?
 - Approx Year this was taken: _____ (make sure they bring this along with any other studies, operative reports and notes to their office visit)
- Does your joint feel unstable such as giving away or a feeling you cannot trust this joint? (This is not stiffness, but actual catching causing you to lose balance)
 - Yes
 - No
- If yes, how often:
 - Rarely (less than 1 x month) 1 pt
 - Sometimes (1-4 x month) 2 pts
 - Frequently (2 or more times per week) 3 pts
- Have you ever had fluid drained from your joint?
 - Yes

- No
- If yes, how often
 - Rarely (less than 1 x year) 1 pt
 - Sometimes (1-2 x year) 2 pts
 - Frequently (more than 3 x per year) 3 pts
- Do you have loss of motion of your joint?
 - Yes
 - No
- If Yes, how much?
 - **Minimal**- you can fully straighten your joint so it is flat on a bed and bend this enough to easily dress and push yourself out of a chair 1 pt
 - **Moderate**- you have trouble making your leg straight but can still do this and have trouble dressing yourself and getting out of a chair 2 pts
 - **Severe**- you have to place a pillow under your leg and cannot put on your own shoes or clothes and someone normally helps you get out of a chair) 3 pts

The following is for knees only.

- Do your knees bow?
 - Yes
 - No
- If yes, how much?
 - **Minimal**- when you stand in a mirror without your pants, you notice that you are bow legged or knock kneed. 1 pt
 - **Moderate**- You notice that you are bowed even with your pants on. 2 pts
 - **Severe**- Your friends and family members suggest you joint the rodeo or tell you to get your joint fixed before it breaks. 3 pts

Am I a candidate for office based stem cell therapy?

Total Points:

- | | |
|---------------------|--|
| 0-6 points - | Yes |
| 7-8 points- | Maybe pending further face to face evaluation. |
| 9 points - | No pending that you cannot have a joint replacement – see below |

Any patients with scores of 8 or below should be scheduled for a stem cell evaluation.

Patients with scores of 9 or above should go to the next section.

Should I have my Joint Replaced?

This is a series of questions to determine your risk for joint replacement. This is only used in patients with a Stem Cell score of 9. This is not an exact science, but is a tool to determine risk with surgery. The following medical and social risk factors help determine if you are an ideal candidate.

- **Your overall health-** Do you have any of the following conditions:
 - Weight over 250 lbs 2 pts
 - Previous infections after surgery or staph skin infections 2 pts
 - History of blood clots in your legs or lungs 2 pts
 - Family history of frequent blood clots in their legs or lungs 1 pt
 - Chronic Pain history and currently taking narcotic medications (more than 4 narcotic pain pills per day) 1 pt
 - Current depression treated with medications. 1 pt
 - Diabetes treated with medications (not diet controlled) 1 pt
 - Heart Failure (not heart attack, but weakness of the heart) 2 pts
 - Liver diseases or Hepatitis B or C 3 pts
 - Kidney failure 3 pts

These are social questions to determine if you have enough support and are willing to accept the responsibilities of a joint replacement surgery. Only No Answers will be scored.

- Are you willing to have your joint surgical replaced?
 - Yes
 - No 3 pts
- Do you have family members or friends available to help you 24 hrs a day/ 7 days a week for 2 weeks after a joint replacement?
 - Yes
 - No 3 pts
- Are you and your family members able to take at least 2 weeks off work for the recovery from a joint replacement?
 - Yes
 - No 3 pts

- Are you willing to participate in physical therapy 2-3 week for 6 to 8 weeks?
 - Yes
 - No

3 pts

Am I a candidate for Joint Replacement Surgery?

Total Points:

- 0-2 points - Yes**
- 3 points- Maybe**
- 4 points or more- No- but if your medical and social condition changed, you may.**

Patients with Joint Replacement scores of 0-3 AND a score of 9 on the Stem Cell questionnaire should be scheduled for a joint replacement evaluation. HOWEVER, patients with a Joint Replacement score of 4 or above AND a Stem Cell Score of 9 should be scheduled for a stem cell evaluation because their risk for joint replacement is high and they should consider conservative care.