



The Palmetto Clinics
463 Calhoun Ave, Suite A
Greenwood, SC 29649
864-953-STEM (7836)
864-377-8250

Patient Name: _____		DOB: _____	DATE: _____
Address: _____			
Phone #: _____		Email: _____	
Race: _____		Language: _____	
Emergency Contact: _____		Phone #: _____	Relation: _____
Pharmacy: _____			
Do you have insurance: (please provide a copy of cards and ID): _____			
SS# _____			
Chief Complaint: _____			
How long: _____			

I, _____, give consent for our medical provider, Jennifer Ebert APRN, to assess me as a patient. I understand and have been disclosed of our HIPPA policy. I also allow our Medical Office(s) to access and obtain past medical records and medications. I voluntarily consent to any and all healthcare treatment and diagnostic procedures associated with The Palmetto Clinics.

I, _____, understand that The Palmetto Clinics may or may not share healthcare protected notes with my primary provider. I also understand that I am responsible for co-pays and deductibles related with my insurance. I understand that those payments will be obtained at the time that services are rendered.

Signature: _____ Date: _____

FOR REGENERATIVE MEDICATION PATIENTS ONLY

List any accidents or injuries you have had in your life (ex: slips, falls, broken bones, vehicle accidents, work related, etc.)

1. _____ Date: _____
2. _____ Date: _____

What previous therapies have you tried to alleviate you pain: _____
Cortizone shots: _____ Chiropractic/ Therapy: _____

How has your pain affected your life: _____

Since this problem started, has it gotten worse: Yes _____ No _____

On a scale of 1-10 (10 being the highest), what is your pain level: _____

Major Surgeries: _____

Additional Information: _____

For the Medical Provider:

BP: _____ HR: _____ Resp: _____ Temp: _____

Height: _____ Weight: _____ Allergies: _____

OVERALL ASSESSMENT AND ADDITIONAL NOTES: _____

Provider Signature: _____ Date: _____

KNEE MEDICAL NECESSITY
KNEE MEDICAL NECESSITY FORM

PATIENT

Patient's Legal Name: _____
 Birthday: _____
 Address: _____
 Contact #: _____
 Email address: _____

KNEE ISSUES

- | | | | | |
|-------------------------------------|--|-------------------------------------|--|--|
| <input type="checkbox"/> Right Knee | <input type="checkbox"/> Pain | <input type="checkbox"/> Clicking | <input type="checkbox"/> Swelling | <input type="checkbox"/> Radiation to the foot |
| <input type="checkbox"/> Left Knee | <input type="checkbox"/> Stiffness | <input type="checkbox"/> Giving out | <input type="checkbox"/> Grinding | |
| <input type="checkbox"/> Both Knees | <input type="checkbox"/> Difficulties Walking/Getting up | <input type="checkbox"/> Snapping | <input type="checkbox"/> Worse with Activities | |

DESCRIBE ONSET

- Acute
- Chronic
- Gradual
- Sudden
- Exacerbation of prior condition
- Flare up of a prior condition
- Unexplained increase in symptoms
- Due to Trauma
- Due to recent MVA
due to work related injury

CAUSE

- Unknown
- Accident
- Due to recent Trauma
- Due to MVA
- Due to a work related injury
- Arthritic/
Degenerative condition
- Due to activities
of daily living

DESCRIPTION

- Improving
- Getting Worse
- No change
- Slightly Improved
- Slightly worse
- Steadily improving
- Steadily worsening over time
- Symptoms are persistent,
but reduced

RATE OF CHANGE

- Gradually
- Slowly
- Slightly
- Steadily Improving
- Steadily Improving Improving,
but prone to exacerbations
- Improving, but easily
aggravated by ADLs
- No change
- Getting worse

PAIN QUALITY

- Achy
- Burning
- Dull
- Sharp
- Stiff
- Throbbing
- Pinching
- Stabbing
- Sore
- A deep Ache

PAIN DESCRIPTION

- Mild
- Moderate
- Severe
- Mild to moderate
- Moderate to severe
- Excruciating

