

# MyProfile

## Information about yourself

*I am concerned about my:*

- Shoulder
- Knee
- Hip
- Foot
- Ankle
- Hand
- Elbow

*I'm having difficulty performing the following activity:*

*I would like to be doing the following activities:*

*Medications and concerns to discuss with your doctor:*

- I am currently taking blood thinners or anti-coagulation medication
- I have an allergy to Lidocaine
- I am concerned about the pain during the procedure
- I am concerned about having side effects with anesthesia and/or pain medications

*Conditions:*

- Malignancy or blood borne disease
- Systemic infection
- An autoimmune disease
- Sleep Apnea
- Asthma, COPD, or other breathing problems
- Stomach/intestinal ulcer, or other gastrointestinal problems
- Enlarged prostate
- Past or present heart, liver, or kidney disease
- Currently taking medications for other conditions

*What treatments have I tried so far?*

- Physical Therapy
- NSAIDs
- Cortisone or Steroids
- Viscosupplementation (example: Hylaronic Acid)
- Bracing or Support
- Other injectable biologics (example: Plasma Rich Protein, Bone Marrow Aspirate)