Hypermobility Patient Questionnaire - Genetics Department

Name: ______________________ Medical Record Number: ________________

Please answer the following questions about your personal medical history:

Joint dislocations / subluxations: ☐Yes ☐No (if yes, indicate location(s), age, and trigger)

						Triggered by		
	Left	Right	Dislo-cation	Sublux-ation	Age started	Normal activity	Trauma	Type of trauma
Knees	☐	☐	☐	☐		☐	☐	
Shoulders	☐	☐	☐	☐		☐	☐	
Elbows	☐	☐	☐	☐		☐	☐	
Toes	☐	☐	☐	☐		☐	☐	
Fingers	☐	☐	☐	☐		☐	☐	

Joint sprains: ☐Yes ☐No

				Triggered by		
	Left	Right	Age started	Normal activity	Trauma	Type of trauma
Ankles	☐	☐		☐	☐	
Knees	☐	☐		☐	☐	
Wrists	☐	☐		☐	☐	
Thumbs	☐	☐		☐	☐	

Joint pain: ☐Yes ☐No

Location				
	Left	Right	Age started	Treatment / therapy
Knees	☐	☐		
Ankles	☐	☐		
Wrists	☐	☐		
Shoulders	☐	☐		
Elbows	☐	☐		
Toes	☐	☐		
Fingers	☐	☐		

Musculoskeletal pain: ☐Yes ☐No

Location				
	Left	Right	Age started	Treatment / therapy
Upper back	☐	☐		
Lower back	☐	☐		
Neck	☐	☐		
Arms				
Legs				

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Joint hypermobility / flexibility: ☐Yes ☐No

Can you now (or could you ever) place your hands flat on the floor without bending your knees? ☐Yes ☐No

Can you now (or could you ever) bend your thumb to touch your forearm? ☐Yes ☐No

As a child, did you amuse your friends by contorting your body into strange shapes or could you do the splits? ☐Yes ☐No

As a child or teenager, did your shoulder or kneecap dislocate on more than one occasion? ☐Yes ☐No

Do you consider yourself “double jointed”? ☐Yes ☐No

Any personal history of:

- Scoliosis: ☐Yes ☐No
- Clubfoot: ☐Yes ☐No
- Cleft palate: ☐Yes ☐No
- Tooth crowding: ☐Yes ☐No
- Periodontal disease (significant tooth decay): ☐Yes ☐No
- Premature loss of multiple teeth: ☐Yes ☐No
- Near-sighted: ☐Yes ☐No
- Retinal detachment: ☐Yes ☐No
- Lens dislocation: ☐Yes ☐No
- Echocardiogram (heart ultrasound): ☐Yes ☐No
- Collapsed lung: ☐Yes ☐No
- Aneurysm: ☐Yes ☐No, location: __________________________, age: __________
- Uterine rupture: ☐Yes ☐No
- Gastrointestinal perforation: ☐Yes ☐No
- History of prolonged bleeding: ☐Yes ☐No
- Acid reflux: ☐Yes ☐No
- Irritable bowel syndrome: ☐Yes ☐No
- Unexplained stretch marks without a history of significant gain or loss of body fat or weight: ☐Yes ☐No
- Atrophic scarring (Scars that heal below the normal layer of skin tissue): ☐Yes ☐No
- Seizures: ☐Yes ☐No
- Abdominal hernia: ☐Yes ☐No
- Rectal or uterine prolapse: ☐Yes ☐No

Family history of:

	Child	Sibling	Mother	Father	Other	For other, specify relation
Joint hypermobility / flexibility	☐	☐	☐	☐	☐	
Double jointed	☐	☐	☐	☐	☐	
Joint dislocations	☐	☐	☐	☐	☐	
Aneurysm	☐	☐	☐	☐	☐	
Uterine Rupture	☐	☐	☐	☐	☐	
Gastrointestinal perforation	☐	☐	☐	☐	☐	
Aortic dissection / aortic dilation				☐	☐	