

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Telephone: \_\_\_\_\_ Sex:  Male  Female

What kind of work do you do? \_\_\_\_\_

Who referred you to this office (name of person)? \_\_\_\_\_

**HISTORY:**

1. Which knee is the problem? Right Left Both

2. What is the problem? (e.g. pain) \_\_\_\_\_

3. When did the problem begin? \_\_\_\_\_

4. Did you have an injury? Yes No If so, what was the injury and when? \_\_\_\_\_

\_\_\_\_\_

If so, did you hear or feel a pop when you injured it? \_\_\_\_\_

Did your knee swell after the injury? Yes No

If so, how long after the injury did you notice it swollen? \_\_\_\_\_

5. Have you seen another physician (Who) for this knee problem and what did they do? \_\_\_\_\_

\_\_\_\_\_

6. Have you had a knee problem before? Yes No If so, what and how was it treated? \_\_\_\_\_

\_\_\_\_\_

7. Have you had any previous knee surgery? Yes No If so, what, which knee and when was it performed: \_\_\_\_\_

\_\_\_\_\_

8. Do you take any medications for your knee pain (Please list medication, dose and frequency)?

\_\_\_\_\_

9. How far can you walk? \_\_\_\_\_ blocks or \_\_\_\_\_ miles or unlimited.



## SYMPTOMS

1. Do you have knee pain that awakens you at night? \_\_\_\_\_
2. Do you have pain ALL the time, MOST of the time, or only SOME of the time? (circle one)
3. Does the pain interfere with work? \_\_\_\_\_ With sports? \_\_\_\_\_
4. Do you have any numbness, tingling or pins and needles feeling in your leg or thigh? \_\_\_\_\_  
\_\_\_\_\_
5. Does your knee: (circle) POP OR CLICK, SWELL, LOCK, or GIVE OUT?  
If so, do you FALL or ALMOST FALL? (circle one)
6. Does it hurt to: (circle)  
SIT for long periods of time, go UP stairs or hills, go DOWN stairs or hills, to KNEEL, to SQUAT?
7. Do you wear Arch Supports (Orthotics) for your feet? Yes No
8. Do you wear a knee BRACE or knee SLEEVE? Yes No
9. What treatment have you had for your knee? (ie. Physical Therapy, Pills, Injections) (list type & amount) \_\_\_\_\_  
\_\_\_\_\_
10. Have you missed any work due to this injury? Yes No If so, how long? \_\_\_\_\_
11. List Activities or Sports you USUALLY participate in but are having difficulty doing so: \_\_\_\_\_  
\_\_\_\_\_