

KNEE PAIN (New Patient/New Problem/TOC)

NAME _____ AGE _____ DATE _____

OCCUPATION/FORMER OCCUPATION: _____

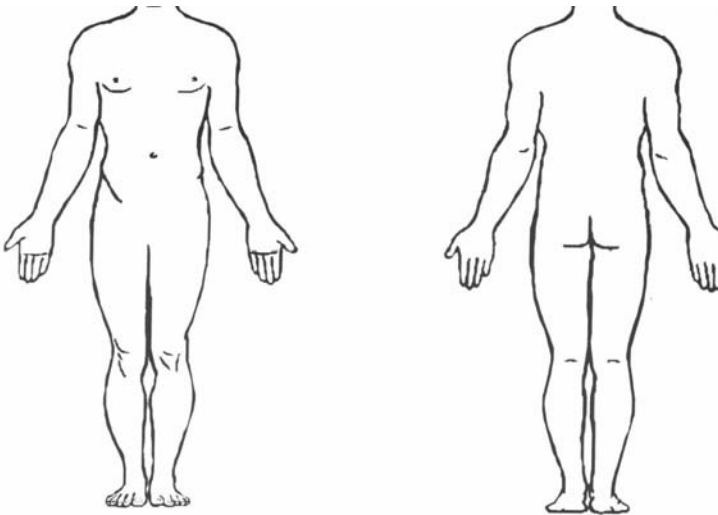
SIDE: LEFT / RIGHT / BOTH

DID YOU HAVE A SPECIFIC INJURY TO THE KNEE? _____

DURATION OF SYMPTOMS _____ MONTHS _____ YEARS

LOCATION OF PAIN: FRONT INSIDE (MEDIAL) OUTSIDE(LATERAL) BACK

(circle areas of pain on the diagram below)



DOES YOUR KNEE SWELL ON YOU?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DOES YOUR KNEE LOCK?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DOES YOUR KNEE GIVE OUT ON YOU?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DOES YOUR KNEE CLICK OR POP?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

WHAT MAKES IT WORSE? (circle all that apply)

- | | | |
|------------------------|-------------------|-------------------|
| Walking | Standing | Sitting |
| Getting up from a seat | Going up stairs | Going down stairs |
| Running | Twisting/Pivoting | Jumping |

DAILY PAIN LEVEL 1 (mild) -10 (worst) _____ Pain at night? YES NO

Any Hip pain? YES NO Back Pain? YES NO

PAIN RATING:

Mild Mild stair only Moderate occasional Moderate continual Severe

DO YOU LIMP?

No Slightly Moderately Severely Unable to Walk

DO YOU REQUIRE ANY ASSISTIVE DEVICES?

None Cane at Times Cane Full Time Walker Wheelchair

HOW FAR CAN YOU WALK?

Unlimited 10+Blocks 5-10 Blocks >5 blocks Indoors Unable

CAN YOU CLIMB STAIRS?

Normally Normally with the Rail down only Up and down with rails Not able to go down Unable

WHAT IS YOUR ACTIVITY LEVEL?

- Bedridden (Bedridden or confined to a wheelchair)
- Sedentary (Minimal ambulation or activity)
- Semi-sedentary (White collar, bench work, light cleaning)
- Light labor (Heavy cleaning, assembly line, light sports, e.g. walking)
- Moderate labor (Lifts <50 lbs. or moderate sports, e.g. walking, bicycling >3mi/5km)
- Heavy labor (Frequently lifts 50-100 lbs., vigorous sports, e.g. singles tennis, racquetball)

HAVE YOU HAD ANY OF THE FOLLOWING FOR YOUR KNEE PAIN?

- Steroid Injections Last Injection _____ How Many? _____
- Viscosupplementation Injections (Synvisc, Orthovisc, Euflexxa, etc) Last Injection _____ How Many? _____
- Bracing _____
- Physical Therapy How Long? _____
- Anti-Inflammatory Medications (past & present - Aleve, Advil, Ibuprofen, etc) _____
- Narcotic Pain Medication (past & present – Norco, Vicodin, Percocet, etc) _____
- Previous Surgery on the KNEE:

Surgery	Approximate Date	Surgeon and Facility

DO YOU HAVE ALLERGIES TO METAL OR JEWELRY : Y N

If yes, please describe: _____