NEWPORT ORTHOPEDIC INSTITUTE

KNEE PAIN (New Patient/New Problem/TOC)

NAME _____ AGE_____ DATE _____

OCCUPATION/FORMER OCCUPATION: _____

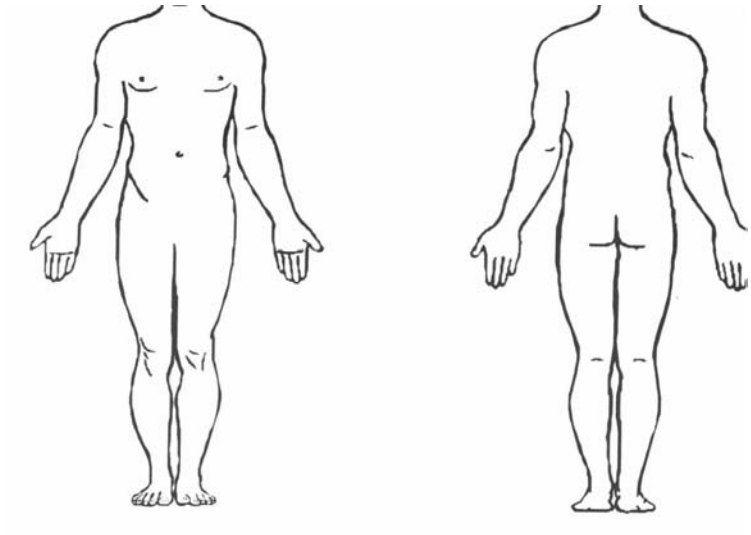
SIDE: LEFT / RIGHT / BOTH

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?	☐YES	☐NO
DOES YOUR KNEE LOCK?	☐YES	☐NO
DOES YOUR KNEE GIVE OUT ON YOU?	☐YES	☐NO
DOES YOUR KNEE CLICK OR POP?	☐YES	☐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 JEWLERY : ☐Y ☐N

If yes, please describe:_____