

Northtowns Orthopedics, P.C.

KNEE HISTORY

Name: _____

Date: _____

Which knee bothers you? _____ Right _____ Left

How long have you had symptoms? _____

This problem started _____ Suddenly _____ Gradually

My problem is _____ Constant _____ Intermittent

How did the problem start?

_____ Work _____ Sports _____ Car Accident
_____ Fall _____ Twisting _____ Slipped Other _____

My Complaints are: (Check all that apply)

_____ Pain _____ Swelling _____ Stiffness
_____ Locking _____ Catching _____ Grinding Other _____
_____ Lost Motion _____ Giving Out _____ Numbness/Tingling

If pain, the location is: _____ Inside _____ Outside _____ Front _____ Back

If knee is giving way: _____ Knee Buckles _____ Kneecap Shifts _____ Entire Knee Shifts

I have difficulty with: (check all that apply)

_____ Standing _____ Walking _____ Going Up Stairs
_____ Down Stairs _____ Getting Up _____ Running
_____ Cutting _____ Jumping _____ Kneeling
_____ Squatting _____ Sleeping _____ Sitting
Other _____

What makes the problem better:

_____ Rest _____ Movement _____ Medication
_____ Ice _____ Heat Other _____

Activity level: (check the one best description)

_____ Disabled _____ Sedentary _____ Household work
_____ Light work _____ Medium Work _____ Vigorous Work
_____ Light Sports _____ Vigorous Sports

If your normal knee performs at 100%, how does your injured knee perform? _____%

Reviewed By: _____