



today's date | | |

patient name

referring physician first name | referring physician last name

reason for appointment

knee questions

which knee bothers you? | where does it hurt ?  
 right  left  both  front  back  side (in/out)  deep  superficial

How long has it been bothering you?

have you had a dislocation of the elbow?  
 yes  no

describe your pain:  
 aching  burning  stabbing  throbbing  sharp  dull  occasional  
 recurrent  intermittent  constant  worsening  improving

associated event  
 fall  lifting  twisting  sports injury  work injury  MVA  assault  
 other

do you use  
 nothing  crutches  cane  wheelchair  walker

what is your **AVERAGE** pain level?  
 0 - no pain  1  2  3  4  5  6  7  8  9  10 - worst pain

what is your **WORST** pain level?  
 0 - no pain  1  2  3  4  5  6  7  8  9  10 - worst pain

Did you have an injury? What?

does anything make it **BETTER**?  
 nothing  lying down  lifting  carrying  twisting  weight bearing  stretching  
 standing  going up stairs  going down stairs  elevation  injection  ice  warm  
 rest  morning  daytime  nighttime  work

does anything make it **WORSE**?

- nothing     lying down     lifting     carrying     twisting     pushing     pulling     work  
 weight bearing exercises     standing     going up stairs     going down stairs     weight bearing  
 exercise     stretching     cold weather     morning     daytime     nighttime

do you have **ANY** of these associated symptoms?

- weakness     numbness     tingling     swelling     redness     warmth     bruising  
 catching/locking     popping/clicking     grinding     radiation down     dislocation  
 fever     chills     weight loss     change in bowel/bladder habits

have you had any previous surgeries on your neck or knee? **please list**

have you had physical therapy?

- yes     no

how many sessions?

did it help?

- yes     little     significant     temporarily     no

have you had any knee injections?

- yes     no

how many?

did it help?

- yes     little     significant     temporarily     no

when was the last injection?

by who?

have you taken any pain medications? **list** (*aspirin, Aleve, etc*)

- yes     no

did it help?

- yes     little     significant     temporarily     no

do you take narcotic pain medications? **list** (*codeine or stronger*)

- yes     no

how many pills do you take each day?

does your knee wake you from you sleep?

- yes     no

does your knee feel stiff?

- yes     no

do you have neck pain?

- yes     no

does the pain radiate down the...

- right arm     left arm     right leg     left leg     back

is the pain relieved by standing?

- yes     no

is the pain relieved by sitting?

- yes     no

are you working?

- full duty     limited duty     on full disability     on partial disability