

## Knee Evaluation

Name: \_\_\_\_\_ Chart #: \_\_\_\_\_ Today's date: \_\_\_\_\_

Which knee?  L  R If injured, date of injury: \_\_\_\_\_ Occupation: \_\_\_\_\_

Is this injury due to an accident?  yes  no On the job?  yes  no Motor vehicle?  yes  no

Are you currently out of work or on limited duty due to this injury?  yes  no How long? \_\_\_\_\_

If not injured, date of onset of symptoms: \_\_\_\_\_ Duration of symptoms: \_\_\_\_\_

How far were you able to walk prior to the pain? \_\_\_\_\_

Do you avoid physical activity such as walking long distances, shopping, walking up stairs?  yes  no

Do you have regular exercise program?  yes  no

What is your amount of pain at rest? 1 2 3 4 5 6 7 8 9 10 (highest)

Do you have pain during or immediately after activity? Circle one: 1 2 3 4 5 6 7 8 9 10 (highest)

How do you consider your pain:  annoying  inconvenient  restricting  disabling

Past history of knee problems? \_\_\_\_\_

Prior knee surgeries?  yes  no Which knee?  L  R Procedure(s): \_\_\_\_\_

When: \_\_\_\_\_ Where: \_\_\_\_\_ Doctor: \_\_\_\_\_

Is this appointment for a 2nd opinion?  yes  no

Please write a brief description of your symptoms and how your injury happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Which knee:**

**Please check inside box that applies to the frequency**

<b>Do you have:</b>	<b>Left</b>	<b>Right</b>	<b>During activity</b>	<b>Weekly</b>	<b>Rarely</b>
Locking					
Giving way					
Catching					
Swelling					
Pain at night					
Morning stiffness					
Clicking					
Popping					
Grinding					
Difficulty w/ stairs					
Uneven terrain					
Running					
Kneeling					

### Which treatments have you tried?

Chondroitin/glucosamine or other cartilage supplements:  yes  no • Physical therapy:  yes  no

Steroid injections:  yes  no Hyaluronic injections: (Hyalgan, Supartz, Synvisc, etc.):  yes  no

Medications (Celebrex, Aleve, Tylenol, etc.):  yes  no Ice:  yes  no • Bracing:  yes  no

Shoe inserts:  yes  no • Activity modification:  yes  no Cane or walking stick:  yes  no