## **INITIAL KNEE HISTORY**

Please Describe What Happened to Your Knee:  Medications taken for your knee:  Joid you hear a POP or feel something? YES NO Immediately 2-6hours Next Day Not	NAME			_Age:	Date:		
Medications taken for your knee:    Symptoms:   Did you hear a POP or feel something? YES NO   Immediately 2-6hours Next Day   No Immediately 2-6hours Next Day   None work   None Mill   Moderate   Severe   None Mill   Moderate   Severe   None   None Mill   Moderate   Severe   None   None	Date Of Onset of Pain/Knee Injury:				LEFT KN	EE	RIGHT KNEE
Medications taken for your knee:  Symptoms: Did you hear a POP or feel something? YES NO Immediately 2-6hours Next Day Were you able to continue sports/work? YES NO HOW much pain? NONE MILD MODERATE SEVERE NO DO you have clicking or snapping? YES NO DO you have clicking or snapping? YES NO Treatment: Did you see a Physician? YES NO Who? Did you get a brace? YES NO BOTH Where? Did you get a brace? YES NO BOTH Where? Did you get a brace? YES NO DO HOW DO	Any past history of knee problems/inj	juries?_					
Medications taken for your knee:	Please Describe What Happened to Yo	our Kne	ee:				
Symptoms: Did you hear a POP or feel something? YES NO Did your knee swell? NO Immediately 2-6hours Next Day Were you able to continue sports/work? YES NO How much pain? NONE MILD MODERATE SEVERE Were you able to straighten your leg? YES NO Do you have clicking or snapping? YES NO Freatment: Did you see a Physician? YES NO Who? Did you have Xrays/MRI scan? YES NO BOTH Where? Did you get a brace? YES NO Did you get crutches? YES NO Did you receive physical therapy? YES NO Have you had surgery on this knee? YES NO When?  SYMPTOMS: PLEASE CHECKMARK AND DETAIL CURRENT OR RECENT SYMPTOMS REGARDING YOUR KNEE  Location of Pain?  Kneeling Stairs Squatting Standing Swelling  Giving way/Instability Grinding Catching/Locking Stiffness Twisting/Pivoting							
Symptoms: Did you hear a POP or feel something? YES NO Did your knee swell? NO Immediately 2-6hours Next Day Were you able to continue sports/work? YES NO How much pain? NONE MILD MODERATE SEVERE Were you able to straighten your leg? YES NO Do you have clicking or snapping? YES NO Freatment: Did you see a Physician? YES NO Who? Did you have Xrays/MRI scan? YES NO BOTH Where? Did you get a brace? YES NO Did you get crutches? YES NO Did you receive physical therapy? YES NO Have you had surgery on this knee? YES NO When?  SYMPTOMS: PLEASE CHECKMARK AND DETAIL CURRENT OR RECENT SYMPTOMS REGARDING YOUR KNEE Cocation of Pain?  Kneeling Stairs Squatting Standing Swelling Giving way/Instability Grinding Catching/Locking Stiffness Twisting/Pivoting							
Old you hear a POP or feel something? YES NO Immediately 2-6hours Next Day Not your knee swell? NO Immediately 2-6hours Next Day Not you able to continue sports/work? YES NO NONE MILD MODERATE SEVERE NO YES NO BOTH Where? YES NO BOTH Where? YES NO BOTH Where? YES NO YES YES NO YES NO YES NO YES YES NO YES NO YES YES NO YES YES YES NO YES	Medications taken for your knee:						
Did you hear a POP or feel something? YES NO Immediately 2-6hours Next Day Were you able to continue sports/work? YES NO NONE MILD MODERATE SEVERE NO NONE MILD MODERATE SEVERE NO Do you have clicking or snapping? YES NO NOWNER OF YES NOWNE	· · · · · · · · · · · · · · · · · · ·						
Oid your knee swell?  Were you able to continue sports/work?  YES  NO  How much pain?  NONE  MILD  MODERATE  SEVERE  Were you able to straighten your leg?  YES  NO  Oo you have clicking or snapping?  YES  NO  Oid you see a Physician?  YES  NO  Oid you see a Physician?  YES  NO  Oid you get a brace?  YES  NO  Oid you get a brace?  YES  NO  Oid you get crutches?  YES  NO  Oid you get crutches?  YES  NO  Oid you receive physical therapy?  YES  NO  Have you had surgery on this knee?  YES  NO  When?  SYMPTOMS: PLEASE CHECKMARK  AND DETAIL CURRENT OR RECENT SYMPTOMS REGARDING YOUR KNEE  Location of Pain?  Kneeling  Stairs  Squatting  Standing  Swelling  Giving way/Instability  Grinding  Catching/Locking  Stiffness  Twisting/Pivoting		YES	NO				
Were you able to continue sports/work? YES NO How much pain? NONE MILD MODERATE SEVERE Were you able to straighten your leg? YES NO Do you have clicking or snapping? YES NO Treatment: Did you see a Physician? YES NO Who? Did you see a Physician? YES NO BOTH Where? Did you get a brace? YES NO Did you get crutches? YES NO Did you get crutches? YES NO Have you had surgery on this knee? YES NO Have you had surgery on this knee? YES NO When?  SYMPTOMS: PLEASE CHECKMARK AND DETAIL CURRENT OR RECENT SYMPTOMS REGARDING YOUR KNEE Location of Pain?  Kneeling Stairs Squatting Standing Swelling Giving way/Instability Grinding Catching/Locking Stiffness Twisting/Pivoting			_	ately	2-6hours		Next Day
Were you able to straighten your leg? YES NO To you have clicking or snapping? YES NO Treatment:  Did you see a Physician? YES NO Who?  Did you have Xrays/MRI scan? YES NO BOTH Where?  Did you get a brace? YES NO Did you get crutches? YES NO Did you receive physical therapy? YES NO Have you had surgery on this knee? YES NO When?  SYMPTOMS: PLEASE CHECKMARK AND DETAIL CURRENT OR RECENT SYMPTOMS REGARDING YOUR KNEE  Docation of Pain?  Kneeling Stairs Squatting Standing Swelling  Giving way/Instability Grinding Catching/Locking Stiffness Twisting/Pivoting	•	YES		•			•
Treatment: Did you see a Physician? YES NO Who? Did you see a Physician? YES NO BOTH Where? Did you get a brace? YES NO BOTH Where? Did you get crutches? YES NO Did you get crutches? YES NO Did you receive physical therapy? YES NO Have you had surgery on this knee? YES NO When?  SYMPTOMS: PLEASE CHECKMARK AND DETAIL CURRENT OR RECENT SYMPTOMS REGARDING YOUR KNEE Docation of Pain?  Kneeling Stairs Squatting Standing Swelling  Giving way/Instability Grinding Catching/Locking Stiffness Twisting/Pivoting	low much pain?	NONE	MILD	MOD	DERATE	SEVERE	
Treatment: Did you see a Physician? YES NO Who? Did you have Xrays/MRI scan? YES NO BOTH Where? Did you get a brace? YES NO Did you get crutches? YES NO Did you receive physical therapy? YES NO Have you had surgery on this knee? YES NO Have you had surgery on this knee? YES NO When?  SYMPTOMS: PLEASE CHECKMARK AND DETAIL CURRENT OR RECENT SYMPTOMS REGARDING YOUR KNEE Docation of Pain?  Kneeling Stairs Squatting Standing Swelling  Giving way/Instability Grinding Catching/Locking Stiffness Twisting/Pivoting	Were you able to straighten your leg?	YES	NO				
Did you see a Physician?  YES NO BOTH Who?  Did you get a brace?  YES NO Did you get crutches?  YES NO Did you get crutches?  YES NO Did you get crutches?  YES NO Did you receive physical therapy?  YES NO Have you had surgery on this knee?  YES NO When?  WHOPTOMS: PLEASE CHECKMARK AND DETAIL CURRENT OR RECENT SYMPTOMS REGARDING YOUR KNEE  COCATION of Pain?  Kneeling Stairs Squatting Standing Swelling  Giving way/Instability Grinding Catching/Locking Stiffness Twisting/Pivoting	Oo you have clicking or snapping?	YES	NO				
Did you see a Physician?  YES NO BOTH Who?  Did you have Xrays/MRI scan?  YES NO BOTH Where?  Did you get a brace?  YES NO  Did you get crutches?  YES NO  Did you receive physical therapy?  YES NO  Have you had surgery on this knee?  YES NO  Have you had surgery on this knee?  When?  SYMPTOMS: PLEASE CHECKMARK AND DETAIL CURRENT OR RECENT SYMPTOMS REGARDING YOUR KNEE  Location of Pain?  Kneeling Stairs Squatting Standing Swelling  Giving way/Instability Grinding Catching/Locking Stiffness Twisting/Pivoting							
Did you have Xrays/MRI scan?  YES NO Did you get a brace?  YES NO Did you get crutches?  YES NO Did you receive physical therapy?  YES NO Have you had surgery on this knee?  YES NO When?  SYMPTOMS: PLEASE CHECKMARK AND DETAIL CURRENT OR RECENT SYMPTOMS REGARDING YOUR KNEE  Cocation of Pain?  Kneeling Stairs Squatting Standing Swelling  Giving way/Instability Grinding Catching/Locking Stiffness Twisting/Pivoting		VEC	NO		\\/h = 2		
Did you get a brace?  YES NO Did you get crutches?  YES NO Have you had surgery on this knee?  YES NO Have you had surgery on this knee?  When?  SYMPTOMS: PLEASE CHECKMARK AND DETAIL CURRENT OR RECENT SYMPTOMS REGARDING YOUR KNEE  Cocation of Pain?  Kneeling  Stairs  Squatting  Standing  Swelling  Giving way/Instability  Grinding  Catching/Locking  Stiffness  Twisting/Pivoting				DOTH	Whore?		
Did you get crutches? YES NO Did you receive physical therapy? Have you had surgery on this knee? YES NO When?  EYMPTOMS: PLEASE CHECKMARK AND DETAIL CURRENT OR RECENT SYMPTOMS REGARDING YOUR KNEE  Cocation of Pain?  Kneeling Stairs Squatting Standing Swelling  Giving way/Instability Grinding Catching/Locking Stiffness Twisting/Pivoting	• • • • • • • • • • • • • • • • • • • •			ВОТП	where:		
Alaye you had surgery on this knee? YES NO When?  SYMPTOMS: PLEASE CHECKMARK AND DETAIL CURRENT OR RECENT SYMPTOMS REGARDING YOUR KNEE occation of Pain?  Kneeling Stairs Squatting Standing Swelling  Siving way/Instability Grinding Catching/Locking Stiffness Twisting/Pivoting			_				
Have you had surgery on this knee? YES NO When?  SYMPTOMS: PLEASE CHECKMARK AND DETAIL CURRENT OR RECENT SYMPTOMS REGARDING YOUR KNEE  occation of Pain?  Kneeling Stairs Squatting Standing Swelling  Giving way/Instability Grinding Catching/Locking Stiffness Twisting/Pivoting							
Cocation of Pain?  Kneeling Stairs Squatting Standing Swelling  Giving way/Instability Grinding Catching/Locking Stiffness Twisting/Pivoting					When?		
Location of Pain?  Kneeling Stairs Squatting Standing Swelling  Giving way/Instability Grinding Catching/Locking Stiffness Twisting/Pivoting	SVAADTOMS: DIEASE CHECKMARK AND	DETAIL	CLIDDENT OD E	DECENIT CV	MDTOMS DEC	ADDING VO	NID VNEE
Giving way/Instability Grinding Catching/Locking Stiffness Twisting/Pivoting					IMPTOMS REGA	ARDING YO	JOK KINEE
Giving way/Instability Grinding Catching/Locking Stiffness Twisting/Pivoting	Kneeling Stairs		Squatting	Standi	ng Sw	elling	
NOTES for Doctor only:	_						g/Pivoting
NOTES for Doctor only:	Siving way, instability Simuling		catering, 200	<sub>.</sub> 6	Stimess	1 1113	6/1 IVOCIII6
	NOTES for Doctor only:						