

(Place UT Label Here)

Patient Name: _____ Date of Visit: ___/___/___

Referred by: _____ Date of Injury / Onset: _____

Current Medications: _____ Allergies: _____ NONE

Chief Complaint: Left Right Please Explain: _____

PAST KNEE HISTORY

Have you had any previous knee problems? Yes No If yes, which knee? Left Right Both

If YES, what was the injury? _____

Did any knee injury require surgery? Yes No If yes, which knee? Left Right Both

If YES, what procedure and when? _____

PLEASE RATE THE FOLLOWING BY FILLING IN THE CIRCLE OF YOUR CHOICE.

SYMPTOMS: DO YOU EXPERIENCE ANY OF THE FOLLOWING?

(Click on the appropriate circle to respond.)

- 1. Pain Never ... 1 2 3 4 5 6 7 8 9 10 ... Always
2. Swelling Never ... 1 2 3 4 5 6 7 8 9 10 ... Always
3. Giving Way Never ... 1 2 3 4 5 6 7 8 9 10 ... Always
4. Stiffness Never ... 1 2 3 4 5 6 7 8 9 10 ... Always
5. Popping Never ... 1 2 3 4 5 6 7 8 9 10 ... Always
6. Clicking Never ... 1 2 3 4 5 6 7 8 9 10 ... Always
7. Catching Never ... 1 2 3 4 5 6 7 8 9 10 ... Always
8. Locking Never ... 1 2 3 4 5 6 7 8 9 10 ... Always
9. Night pain (Does your pain wake you up at night?) Never ... 1 2 3 4 5 6 7 8 9 10 ... Always
10. Pain with prolonged sitting (Pain relieved after standing up.) Never ... 1 2 3 4 5 6 7 8 9 10 ... Always

ACTIVITY: DO YOU HAVE PROBLEMS WITH THE FOLLOWING?

- 1. Walking No Problem ... 1 2 3 4 5 6 7 8 9 10 ... Unable
2. Any Type of Squats No Problem ... 1 2 3 4 5 6 7 8 9 10 ... Unable
3. Going UP Stairs No Problem ... 1 2 3 4 5 6 7 8 9 10 ... Unable
4. Going DOWN Stairs No Problem ... 1 2 3 4 5 6 7 8 9 10 ... Unable
5. Running No Problem ... 1 2 3 4 5 6 7 8 9 10 ... Unable
6. Cutting No Problem ... 1 2 3 4 5 6 7 8 9 10 ... Unable
7. Jumping No Problem ... 1 2 3 4 5 6 7 8 9 10 ... Unable
8. Twisting No Problem ... 1 2 3 4 5 6 7 8 9 10 ... Unable

FUNCTION:

- 1. Are you able to walk on level ground? No Problem ... 1 2 3 4 5 6 7 8 9 10 ... Unable
2. Are you able to walk on rough ground, inclines, or negotiate curves? No Problem ... 1 2 3 4 5 6 7 8 9 10 ... Unable
3. Do you have problems running? No Problem ... 1 2 3 4 5 6 7 8 9 10 ... Unable
4. Do you have problems cutting while running or jogging? No Problem ... 1 2 3 4 5 6 7 8 9 10 ... Unable
5. Do you have problems jumping? No Problem ... 1 2 3 4 5 6 7 8 9 10 ... Unable
6. Do you have problems participating in competitive sports? No Problem ... 1 2 3 4 5 6 7 8 9 10 ... Unable

DO YOU PLAY SPORTS? Yes No What Sport? _____ Position: _____

WHAT LEVEL OF SPORT? High School College Other _____

Where do you go to school? _____