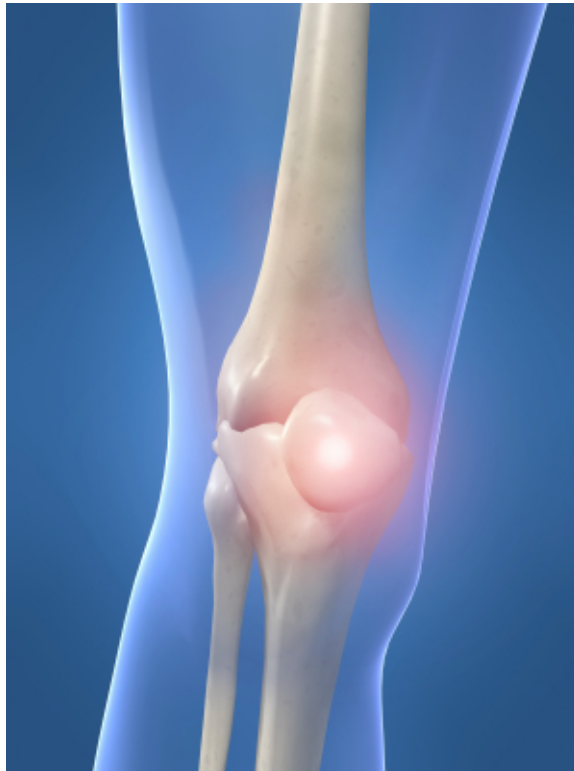


Knee Pain Form



RIGHT

Which knee hurts?

When did the problem start?

Did you have an injury? Yes No

If yes, what injury did you have?

How bad is the Pain None 0 1 2 3 4 5 6 7 8 9 10 Worst Possible

What does the pain feel like? Dull Sharp Burning

Where is the pain? Front Inner side outer side Back

Is the pain? Constant Intermittent

Is the pain? Improving Worsening Unchanged

What makes it worse? Movement Keeping Still

Is there any? Swelling Buckling Popping Stiffness Grinding

Has your knee cap ever Yes No

dislocated? How many times? _____

Does your knee feel Yes No unstable?

What treatments have you None (rest) medications tried? (Type:_____)

Injections (how many?____) Physical Therapy _____ Surgery (Type:_____)

How would you rate your Normal Abnormal knee prior to this onset of pain?

Did you hurt yourself at Yes No work?

Are you involved in litigation? Yes No

LEFT

Right only Left only R=L R more than L L more than R

Yes No

None 0 1 2 3 4 5 6 7 8 9 10 Worst Possible

Dull Sharp Burning

Front Inner side outer side Back

Constant Intermittent

Improving Worsening Unchanged

Movement Keeping Still

Swelling Buckling Popping Stiffness Grinding

Yes No

Yes No

None (rest) medications (Type:_____)

Injections (how many?____) Physical Therapy _____ Surgery (Type:_____)

Normal Abnormal

Yes No

Yes No