Questionnaire for New Patients – Knee Injury

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(1) Please return this completed form to our office **BEFORE** your appointment either by fax or mail. (2) Please bring any prior **MRI** films, x-rays, or medical records to the office with you for your appointment. (3) Please bring or wear shorts (not a skirt) for your exam. Thank you.

Name: ____

Who is your primary care physician? ___________________________

When did you last see him / her? ______________________________

Past Medical History: Please check the appropriate boxes:

Have you ever had any of the following (**in the past**)?

- ❑ Asthma
- ❑ Balance Problems
- ❑ Bladder or Urinary Infections
- ❑ Blood in stools
- ❑ Blood Clots
- ❑ Cancer (Type: _______________)
- ❑ Chest Pain
- ❑ Chronic Bronchitis
- ❑ Cramping in leg while walking
- ❑ Colitis
- ❑ Deep Venous Thrombosis
- ❑ Diabetes
- ❑ Dizziness
- ❑ Emphysema
- ❑ Fainting
- ❑ Frequent bloody noses or bleeding gums
- ❑ Gallstones
- ❑ Heart Attack
- ❑ Heart Murmur
- ❑ Heart Surgery
- ❑ High Blood Pressure
- ❑ High Cholesterol
- ❑ Joint Replacement
- ❑ Kidney Stones
- ❑ Osteoporosis
- ❑ Poor Circulation
- ❑ Recurrent infections
- ❑ Shortness of Breath
- ❑ Slowly healing wounds
- ❑ Stomach ulcer

___ NORMAL, I've had none of the above

Review of Systems:

Do you **currently** have any of the following?

- ❑ Reaction of NSAID/anti-inflammatory medications (Advil, ibuprofen, Naproxen, Indocin, Celebrex, etc.)
- ❑ Fever, chills
- ❑ Recent weight gain, recent weight loss
- ❑ Changes in vision, sensitivity to light, blurred vision, double vision
- ❑ Change in hearing, bloody noses, sore throat, cough
- ❑ Shortness of breath, chest pain, wheezing, coughing of blood
- ❑ Palpitations, light headedness, dizziness
- ❑ Loss of appetite, weight loss, pain with swallowing, nausea, vomiting, abdominal pain or bloating, blood in your stools, diarrhea, constipation
- ❑ Difficulty urinating, pain with urination, blood in your urine
- ❑ Rashes, insect bites, new skin lesions

___ NORMAL, I've had none of the above

What Medications do you take?
1.______________________
2.______________________
3.______________________
4.______________________

Are you allergic to any medications?
❑ Yes: _____________________
❑ No

Do you smoke?
❑ Yes (packs per day ______)
❑ No

How much alcohol do you drink? ______________

What surgeries have you had in the past?

1._______________________
2._______________________
3._______________________
4._______________________

Knee History:

RIGHT _____ **LEFT _____**

When did your knee problem begin? ________________
How did it start?
- ❑ Sports Injury
- ❑ Work Injury
- ❑ Overuse (running, cycling, swimming)
- ❑ Work Overuse
- ❑ Gradually
- ❑ Spontaneously (for no apparent reason)

Have you had this problem before?
- ❑ Yes
- ❑ No

What part of your knee hurts?
- ❑ Front
- ❑ Behind Kneecap
- ❑ Inner (medial) side
- ❑ Outer (lateral) side
- ❑ Behind the knee

What makes the pain worse?
- ❑ Activity
- ❑ Prolonged standing
- ❑ Prolonged sitting with knee bent (i.e. in a theater)
- ❑ Running but not walking / standing
- ❑ Going up or down stairs
- ❑ Squatting
- ❑ Kneeling
- ❑ Twisting or pivoting with this leg

Does the pain wake you up from sleep?
- ❑ Yes
- ❑ No

Is the pain worse when you first start walking and then better when you are "warmed up"
- ❑ Yes
- ❑ No

Do you have any of the following?
- ❑ Painful popping
- ❑ Sensation of catching (something getting caught / pinched between the bones)
- ❑ Locking (suddenly unable to straighten the knee because something obstructs it)
- ❑ Grinding
- ❑ Swelling
- ❑ None of the above

Does the knee ever:

- ❑ Give way (the bones slip out of place)
- ❑ Buckle
- ❑ Slip out of joint
- ❑ Get stuck

Describe your job's physical demands:
- ❑ Manual labor including kneeling, squatting, climbing, carrying, etc (construction, laborer)
- ❑ Moderate: Walking, stairs, on feet all or most of day.
- ❑ Office environment with frequent walking and time on your feet.
- ❑ Desk Job
- ❑ Student
- ❑ Other

Are you working at your usual job?
- ❑ Yes
- ❑ No, light duty
- ❑ No, off work due to injury
- ❑ No, off work for other reasons

What were your typical most strenuous recreational activities <u>before</u> your knee problem began?
- ❑ High intensity sports (football, basketball, racquetball, etc)
- ❑ Moderate intensity sports (recreational skiing, running, cycling, etc)
- ❑ Low intensity sports (walking, golf, etc)
- ❑ Activities of daily living

What are your most strenuous activities <u>since</u> your knee problem began?
- ❑ High Intensity
- ❑ Moderate intensity sports (recreational skiing, running, cycling, etc)
- ❑ Low intensity sports (walking, golf, etc)
- ❑ Manual Labor
- ❑ Desk Job
- ❑ Activities of Daily living

What type of activities do you intend to return to after your knee problem resolves?
- ❑ High Intensity
- ❑ Moderate intensity sports (recreational skiing, running, cycling, etc)
- ❑ Low intensity sports (walking, golf, etc)
- ❑ Manual Labor
- ❑ Desk Job
- ❑ Activities of Daily living

Do you run for exercise/recreation? If so, how many miles per week?
- ❑ Less than 10 miles per week
- ❑ 10 - 20 miles per week
- ❑ More than 20 miles per week
- ❑ Don't Run

What prior injuries have you had to this knee?

- ❑ None
- ❑ Cartilage / Meniscus Tear
- ❑ Ligament Tear (ACL, MCL, PCL, LCL)
- ❑ Bone Chips
- ❑ Sprain / strain
- ❑ Patellar dislocation
- ❑ Other

Have you had an MRI? ___________

What did the MRI show? ____

What Surgeries have you had on this knee?

- ❑ Arthroscopy (year: _______)
- ❑ Cartilage / Meniscectomy (removal of cartilage) (year: _______)
- ❑ Cartilage / Meniscus Repair (year: _______)
- ❑ Debridement / cleaning out (year: _______)
- ❑ ACL reconstruction (year: _______)
- ❑ Other: ___________________________________

What are your goals for this visit?

- ❑ Gain information regarding your problem
- ❑ Make sure it is okay to remain active
- ❑ Correct the problem as long as it does not need surgery
- ❑ Correct the problem even if it needs surgery

Patient Signature _________________________________

Parent / Guardian Signature (if minor)______________________

Thank you,

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