

Date: _____

Knee History

Name: _____ Date of Birth: _____

Knee (circle): Right Left Both

Describe your problem or injury:

Date of onset: _____

Describe prior problems or surgery on this knee:

Describe treatment or medicines used for this problem:

Describe other bone or joint problems:

Check all complaints present:

- _____ Swelling
- _____ Pain Circle one: Mild Moderate Severe
- Circle location: Inner knee Outer knee Entire knee
- _____ Popping noise or grinding
- _____ Catching or locking
- _____ Giving way or buckling
- _____ Limping
- _____ Use of cane or crutches
- _____ Pain with standing or walking
- _____ Night pain
- _____ Morning pain or stiffness
- _____ Pain with squatting or kneeling