

Checklist to get ready for your KNEE appointment:

Knee Problem: Please circle those that apply to you

Knee: RIGHT LEFT

Problem Onset Gradual / Sudden onset / Result of an injury

Onset Date: \_\_\_\_\_

Symptoms: Check all that apply:

<input type="checkbox"/>	Loss of motion / stiffness
<input type="checkbox"/>	Instability / giving out
<input type="checkbox"/>	Locking
<input type="checkbox"/>	Deformity

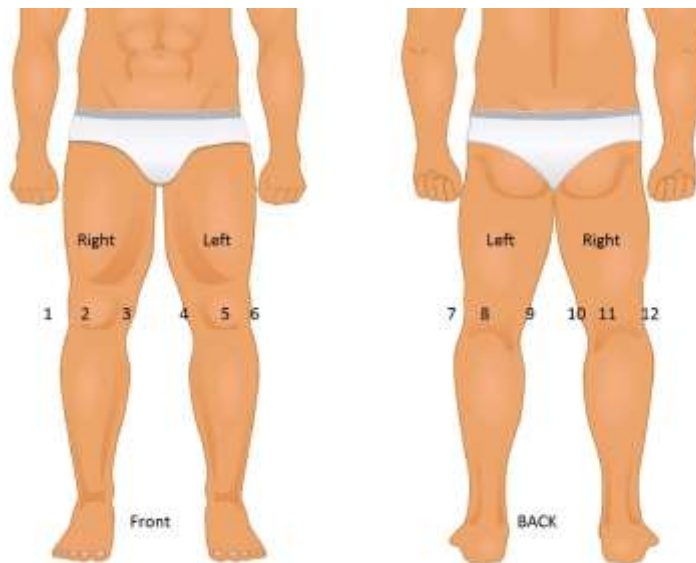
<input type="checkbox"/>	Limp
<input type="checkbox"/>	Unable to bear weight
<input type="checkbox"/>	Limited ability to walk
<input type="checkbox"/>	Night time pain

I have been told I have:

<input type="checkbox"/>	Arthritis
<input type="checkbox"/>	Torn ligament
<input type="checkbox"/>	Dislocation

<input type="checkbox"/>	Torn Cartilage (meniscus)
<input type="checkbox"/>	Fracture
<input type="checkbox"/>	Infection

Location of PAIN: Please circle numbers. In addition, you may draw on the diagram.



History:

Pain, Swelling, loss of motion, injury: Tell what happened and what is going on in your own words:


Prior Problems: Check those that apply:

Prior Studies: Check studies you have had:

<input type="checkbox"/>	Knee injury
<input type="checkbox"/>	Rheumatoid arthritis
<input type="checkbox"/>	Osteoarthritis
<input type="checkbox"/>	Fracture

<input type="checkbox"/>	Xray
<input type="checkbox"/>	MRI
<input type="checkbox"/>	CT scan
<input type="checkbox"/>	OTHER TESTS:

**PLEASE BRING REPORTS AND DISC of studies with you to your appointment** Hospitals do not send us the images. Doctors will review the images and reports. If you do not bring the studies and reports, complete evaluation of your knee may be delayed.

Prior Treatments:

Surgery: Date: Operation:		Helped / Did not help
Physical therapy Number of weeks:		Helped / Did not help
Injections: Date:		Helped / Did not help
NSAID (anti inflammatory medication)		Helped / Did not help
Pain medication		

**If you have prior surgeries, please bring copies of the operative note, records / reports with you to your appointment.**

**If you have hardware or implants in your knee, please request a copy of the IMPLANT RECORD from the hospital where surgery was performed. The Implant record should include the Manufacturer and type of implant.**

Other notes for doctor:
