PERFORMANCE
ORTHOPAEDICS • SPORTS MEDICINE • SHOULDER SURGERY • PHYSICAL THERAPY
3701 Northwest Cary Parkway, Suite 305 • Cary, NC 27513 Ph (919) 882-6100 Fx (919) 877-4797

NEW PATIENT KNEE QUESTIONNAIRE

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. What is your Name?_____
2. What is your AGE?_____
3. What is your occupation?_____
4. RIGHT or LEFT knee?_____
5. Do you perform regular exercise?_____
6. When did your knee symptoms start?_____
7. Did you have a specific INJURY to your knee? (If so, please BRIEFLY describe)?

8. If so, was your injury WORK RELATED?

***PRIOR* TO YOUR CURRENT KNEE PROBLEMS…**

9. Have you had any previous knee PROBLEMS? (if so, please BRIEFLY describe)

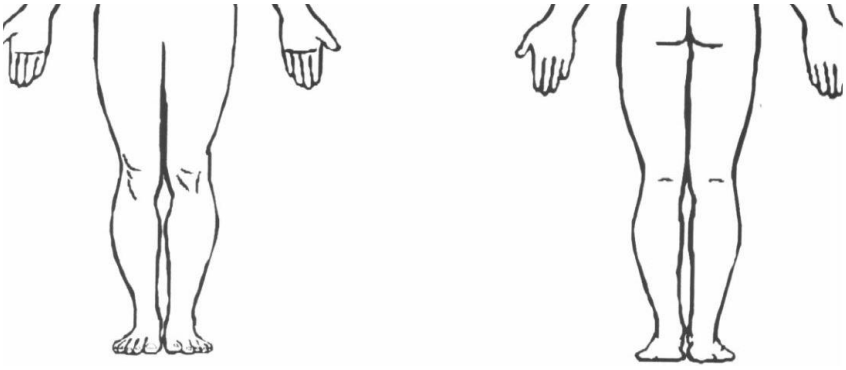
10. Have you had any previous knee INJURIES? (i.e. dislocation, fracture, ligament tear, etc.)

11. Have you had any previous knee SURGERY? (if so, please list along with dates)

YOUR SYMPTOMS:

12. WHERE does your knee hurt?
    (please mark the area)

13. Rate your pain on a scale of 1-10:



14. Does your knee swell?_____

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15. WHEN does your knee hurt? (circle all that apply)

All the time	Sports
Stairs	Jogging
Squatting	General exercise
Kneeling	Sitting

- Please list any other activities that cause your knee to hurt:

16. Does your knee make any noise while moving? (such as popping, clicking, crunching)?

17. Does your knee catch or lock?

18. Does your knee feel loose, unstable or come out of joint?

19. Do you have reduced motion?

20. Do you have reduced strength?

21. Do you have pain down your lower leg? (If yes, please describe where)

TREATMENT:

22. Have you had evaluation and/or treatment for your knee prior to today's office visit?

IF NO, please skip to **IMAGING** section below…

IF YES, please circle which treatment(s) you have had:

Knee exercises at home
Physical therapy
Cortisone injection
Surgery

- Please list any other treatments:

IMAGING:

23. Have you had imaging of your knee prior to today's office visit?

IF YES, please circle and describe results if you know them.

XRAY
MRI

- Please list any other imaging: