

KNEE EVALUATION FORM

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Name _____ Age _____ Date _____

Involved Knee Right Left Both – Right Worse Left Worse

When did problem start? _____ Was there an Injury? Yes No

Describe what happened to knee (i.e. twisted skiing, hit on outside part of knee, tackled)

If injured, did you feel/hear a pop? Yes No Did it swell? Yes No

When did it swell? Immediately Several Hours Next Day Does it swell now? Yes No

If not injured, what activity do you think caused/contributed to the problem? _____

Do you have? locking clicking catching looseness/instability stiffness/loss of motion

weakness sharp pain aching

Pain is located on? Front Back Inside (toward other knee) Outside (away from other knee)

What makes pain worse? twisting running up stairs down stairs kneeling squatting
 standing after being seated sleeping (pain awakens you)

What makes pain better? ice rest medication brace orthotics injections

How severe is the pain on average? (none) 1 2 3 4 5 6 7 8 9 10 (extreme)

Medications taken for this Ibuprofen/Advil Naproxen/Aleve Other _____

Injections? Cortisone PRP Joint Lubricant date(s) _____

Percent improvement with injection(s) _____

Previous treatment for this problem: physical therapy brace orthotics surgery

Previous Knee Surgery _____ Date _____ Surgeon _____

Previous injuries to this knee/date(s) _____

Have you had X-ray MRI Other test _____ for this condition

Sports/recreational activities _____

Level of sport High School College Professional Other _____

Occupation _____

Current School and Grade Level _____

Goals after treatment for this problem _____