

Name _____

GREATER HARTFORD ORTHOPEDICS

Dr. Jay Kimmel Knee Questionnaire

Knee Right _____ Left _____

Date of Injury/Onset of pain _____

Please describe your injury/onset of pain

Please circle your response

Do you have pain?

Climbing Stairs Yes No

Kneeling Yes No

Walking Yes No

Nighttime Yes No

Does your knee

Click Yes No

Lock Yes No

Give way Yes No

Pop Yes No

Did your knee swell at the time of injury or onset of pain? Yes No

Does your knee still swell? Yes No

XRays taken Yes No

MRI Yes No

Previous Treatment

Medications? List _____

Cortisone Injections Yes No

Physical Therapy Yes No

Have you treated with another M.D. for this problem? Yes No

Name M.D. _____

Previous patient of Dr. J. Kimmel Yes No