KNEE – FOLLOW UP

Name: _____**DOB**: _____

Side: ☐ LEFT ☐ RIGHT

Progression: ☐ worsening ☐ improving ☐ unchanged / same

Imaging/testing since last visit: ☐ MRI ☐ Xrays ☐ CT ☐ EMG ☐ Bone Scan

Physical Therapy: ☐ Yes ☐ No **Where:** _____

Improvement: ☐ Yes ☐ No ☐ Gradual ☐ Rapid

Location of pain: ☐ Front ☐ Back ☐ Inside ☐ Outside

☐ Hamstring ☐ Patella ☐ Quadriceps ☐ Patellar tendon

Type of pain: ☐ Burning ☐ Dull/Aching ☐ Sharp ☐ Shooting ☐ Stabbing

☐ Throbbing ☐ Pinching ☐ Diffuse ☐ Localized ☐ Radiating

Associated symptoms:

Numbness: ☐ Yes ☐ No

Tingling: ☐ Yes ☐ No

Tightness: ☐ Yes ☐ No

Instability: ☐ Yes ☐ No

Do you feel: ☐ Clicking ☐ Catching ☐ Locking ☐ Weakness

Does pain radiate: ☐ Yes, radiates to _____ ☐ No

Limitations to daily activity: ☐ Yes ☐ No

Limitations to sports/exercise: ☐ Yes ☐ No

Pain at rest ☐ Yes ☐ No

If YES, on a 0 to 10 scale (0 being none and 10 being worst), how would you rate it?

☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

Current severity of pain: ☐ none ☐ mild ☐ moderate ☐ severe

On a 0 to 10 scale, how would you rate your pain right now:

☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

Do you feel pain with activity? ☐ Yes ☐ No

If YES, on a 0 to 10 scale, how would you rate your pain with activity?

☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

PLEASE TURN OVER

Current work status: ☐ Regular Duty ☐ Light Duty ☐ Not working due to this injury

☐ Student ☐ Disabled ☐ Retired ☐ Unemployed

Treatments:	**Helpful?**	**Not Tried:**
Physical Therapy:	Yes ☐ No ☐	☐
Cortisone injection:	Yes ☐ No ☐	☐
NSAIDs:	Yes ☐ No ☐	☐
Chiropractor:	Yes ☐ No ☐	☐
Ice:	Yes ☐ No ☐	☐
Heat:	Yes ☐ No ☐	☐
Massage:	Yes ☐ No ☐	☐
Acupuncture:	Yes ☐ No ☐	☐
Home exercise program:	Yes ☐ No ☐	☐
Bracing:	Yes ☐ No ☐	☐
Topical rubs:	Yes ☐ No ☐	☐

REVIEW OF SYSTEMS (Please Circle all that apply)

Abdominal pain/discomfort	Abnormal Menstrual periods	Back Pain	Chest Pain
Chills	Constipation	Depression	Diarrhea
Double Vision	Easy Bruising	Environment Allergies	Fatigue
Fever	Glasses	Headaches	Incontinence
Joint Pain (Arthralgia)	Leg swelling/pain	Neck Pain	Neck Stiffness
Nervousness/Anxiety	Numbness	Rash	Shortness of Breath

None of the Above