**Orthopedic Specialty Associates New Patient Questionnaire - Knee** Curtis Bush, MD Melanie Cobb, PA-C Wade Smith, PA-C Name: \_\_\_\_\_ DOB (age): \_\_\_ / \_\_\_ / \_\_\_ (\_\_\_) Date: \_\_\_ / \_\_\_ / \_\_\_\_ Primary Care Physician (PCP): \_\_\_\_\_ Occupation: \_\_\_\_\_ Referred by (circle one): Physician Family/friend Athletic Trainer Coach Internet Other: Injured knee: Right Left Both Nature of Symptoms Location: use arrows or shade all areas of pain Worst pain: place an "x" where most of your pain is or where your pain originates Front Back R R L L Pain Level: / 10 Date that symptoms began: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Was there a specific injury that occurred? Yes No Unsure If yes, briefly explain: \_\_\_\_\_ Are your symptoms getting: Better Worse Staying the same Unsure Have you previously injured or had surgery on the involved knee? Yes No Unsure If yes, briefly explain: Have you had previous treatment to the involved knee related to a previous injury? Yes No Unsure

**Do you experience:** Popping Clicking Catching Locking Grinding Instability Giving way (painful? Y N)

## Orthopedic Specialty Associates New Patient Questionnaire – Knee cont.

If yes, describe aggravating activities:	s your pain aggrava	ated by sports or recreational	activity: Yes No		
Do you have pain at night? Yes       No       Does it keep you up at night/wake you up at night? Yes       No         If yes, when? Laying on the involved leg       Laying on uninvolved leg       Any position         Have you noticed swelling in or around your knee?       Yes       No       Unsure         If yes, has it:       Increased       Decreased       Unsure         Has your kneecap ever dislocated or popped out of place?       Yes       No       Unsure         If yes, when? How many times?	If yes, descr	ibe aggravating activities:			
If yes, when? Laying on the involved leg Laying on uninvolved leg Any position         Have you noticed swelling in or around your knee? Yes No Unsure         If yes, has it: Increased Decreased Unsure         Has your kneecap ever dislocated or popped out of place? Yes No Unsure         If yes, when? How many times?         Previous Treatment for Current Injury         Rest: Yes No         Injections: Yes No Unsure         If yes, how long?         Most recent:         Did it help?         Previous Interapy: Yes No Unsure         If yes, how long?         Therapist name & location:         Previous Imaging on Involved Extremity         K-rays: Yes No       If yes, when?         Where?       Where?	Please list any othe	r activities or positions that ag	gravate your pain:		
Have you noticed swelling in or around your knee? Yes       No       Unsure         If yes, has it:       Increased       Decreased       Unsure         Has your kneecap ever dislocated or popped out of place? Yes       No       Unsure         If yes, when? How many times?	Do you have pain a	t night? Yes No Does it	t keep you up at night/w	vake you up at night? Yes	No
If yes, has it: Increased Decreased Unsure         Has your kneecap ever dislocated or popped out of place? Yes No Unsure         If yes, when? How many times?         Previous Treatment for Current Injury         Rest: Yes No         Injections: Yes No Unsure         If yes: How many?         Mst recent:         Did it help?         Physical Therapy: Yes No Unsure         If yes, how long?         Therapist name & location:         Dther treatment:         Previous Imaging on Involved Extremity         K-rays: Yes No If yes, when?         Where?         Where?	•		, -	eg Any position	
Has your kneecap ever dislocated or popped out of place? Yes No Unsure         If yes, when? How many times?         Previous Treatment for Current Injury         Rest: Yes No         njections: Yes No Unsure         If yes: How many?         Most recent:         Did it help?         Physical Therapy: Yes No Unsure         If yes, how long?         Therapist name & location:         Other treatment:         Previous Imaging on Involved Extremity         Krays: Yes No       If yes, when?         WRI: Yes No       If yes, when?	-				
If yes, when? How many times?         Previous Treatment for Current Injury         Rest: Yes No         njections: Yes No Unsure         If yes: How many?         Most recent:         Did it help?         Physical Therapy: Yes No Unsure         If yes, how long?         Therapist name & location:         Other treatment:         Previous Imaging on Involved Extremity         K-rays: Yes No       If yes, when?         Where?         Where?         Where?	•				
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Other treatment:	If yes: How	many? Most	t recent:	_ Did it help?	
Previous Imaging on Involved Extremity K-rays: Yes No If yes, when? Where? MRI: Yes No If yes, when? Where?	If yes: How Physical Therapy:	many? Most Yes No Unsure			
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K-rays:         Yes         No         If yes, when?         Where?           MRI:         Yes         No         If yes, when?         Where?	lf yes: How Physical Therapy: If yes, how	many? Most Yes No Unsure long? Theraj	oist name & location:		
K-rays:         Yes         No         If yes, when?         Where?           MRI:         Yes         No         If yes, when?         Where?	If yes: How Physical Therapy: If yes, how	many? Most Yes No Unsure long? Theraj	oist name & location:		
MRI: Yes No If yes, when? Where?	If yes: How Physical Therapy: If yes, how Other treatment:	many? Most Yes No Unsure long? Thera	oist name & location:		
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