

Name: _____ Date: _____

Knee History Form

Pain Scale: Right: 0 1 2 3 4 5 6 7 8 9 10
(circle one) Left: 0 1 2 3 4 5 6 7 8 9 10

Robotic Joint Center™
www.RoboticJointCenter.com

Describe Knee Problem(s):

LEFT KNEE

RIGHT KNEE

Duration of Pain:

- Daily
- Weekly
- Constant
- Occasional
- Pain at Night

Intensity of Pain:

- Pain Level (0-10): _____
- Mild
- Moderate
- Severe

Onset of Knee Symptoms:

- # _____ Days, Weeks,
- Months, Years Ago

Location of Pain:

- Inner Side of Knee
- Outer Side of Knee
- Back of Knee
- Front of Knee
- Just Above Knee Cap
- Just Below Knee Cap
- Behind Knee Cap
- In Calf Muscles
- Outer Side of lower Leg
- Inner Side of Lower Leg
- Low Back Pain
- Hip Pain in Groin

Character of Pain:

- Sharp Pain
- Stabbing Pain
- Dull Pain
- Aching Pain
- Pain Is Getting Worse
- Pain Is Getting Better

Injuries:

- ACL Tear
- Meniscus Tear
- Fracture of Knee Bone

Knee Symptoms:

- Pain with Activity
- Pain at Rest
- Swelling front knee
- Swelling behind knee
- Giving Way
- Instability feeling
- Grinding/Crunching
- Painful Clicking
- Locking in a position
- Loss of Motion
- Weakness
- Limping
- Decrease Walk Distance

Painful Activities

- Walking
- Walking after Sitting
- Running
- Turning / Twisting
- Squatting
- Lunges
- Rising from a Seat
- Getting On/Off a Toilet
- Going Up/Down Stairs
- Getting In/Out of Cars

Non-Surgical Treatments:

- Rest
- Ice
- Heat
- Acupuncture
- Cane Walker
- NSAIDs (i.e. Ibuprofen)
- Physical Therapy
- Home Exercise program
- Regular Knee Brace/Sleeve
- Unloader Knee Brace
- Cortisone Joint Injection
- Hyaluronic Acid Injections
- PRP Injections
- Stem Cell Injections

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Surgical Treatments:

- Knee Arthroscopy
- Meniscectomy
- Medial Lateral
- ACL Reconstruction
- Knee Chondroplasty
- Partial Knee Replacement
- Total Knee Replacement

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