• Kevin P. Hanlon, D.O.

KNEE HISTORY

• James Kehoe, D.O.

Name ______________________________ Date ____/____/____

Last grade of school completed ______________ Age __________ Ht __________ Weight __________

Currently Working? ☐ Yes ☐ No ☐ Retired If yes, type of work ______________________

PRESENT COMPLAINT: (check one) ☐ **RIGHT KNEE** ☐ **LEFT KNEE**

Is present problem related to Injury? ☐ Yes ☐ No If yes, when ______________________

Describe injury: ______________________

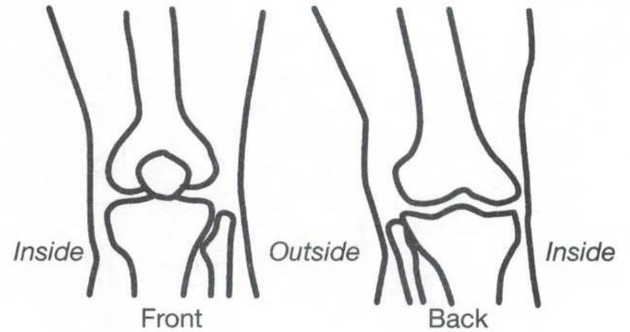
Where? ☐ Athletics ☐ At Work ☐ Home ☐ Vehicle ☐ Other: ______________________

Do you have pain: ☐ Yes ☐ No Grade your pain: 1 2 3 4 5 (1= minor 5 = Severe)

Do you have any of the following:

	RIGHT KNEE		LEFT KNEE	
Swelling	☐ Yes	☐ No	☐ Yes	☐ No
Locking	☐ Yes	☐ No	☐ Yes	☐ No
Clicking / Popping	☐ Yes	☐ No	☐ Yes	☐ No
Grating / Grinding	☐ Yes	☐ No	☐ Yes	☐ No
Giving Way	☐ Yes	☐ No	☐ Yes	☐ No

Locate your pain: ☐ **RIGHT KNEE** ☐ **LEFT KNEE**



Is your pain *increased* by: ☐ Walking ☐ Standing ☐ Running ☐ Jumping ☐ Lifting ☐ Other: __________

Is your pain *decreased* by: ☐ Walking ☐ Standing ☐ Running ☐ Jumping ☐ Lifting ☐ Other: __________

Are you able to:				
	Walk	☐ Yes	☐ No	(__________ blocks; __________ miles)
	Work	☐ Yes	☐ No	☐ Full time ☐ Part time
	Play sports	☐ Yes	☐ No	
	Run	☐ Yes	☐ No	

Have you been treated previously? If yes, when ______________ Where ______________________

	RIGHT KNEE		LEFT KNEE	
When	__________		__________	
From Injury	☐ Yes	☐ No	☐ Yes	☐ No

Describe: ______________________

Where? ☐ Athletics ☐ At work ☐ Home ☐ Vehicle ☐ Other: ______________________

How was the prior problem treated?

	RIGHT KNEE		LEFT KNEE	
Dates				
No treatment	☐ Yes	☐ No	☐ Yes	☐ No
Physical therapy	☐ Yes	☐ No	☐ Yes	☐ No
Arthroscopy	☐ Yes	☐ No	☐ Yes	☐ No
Open Surgery	☐ Yes	☐ No	☐ Yes	☐ No

Comments: ______________________