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BAHRI ORTHOPEDICS & SPORTS MEDICINE CLINIC, P.A.

Knee Chart History

Created 05/12/2009

Name: _____ **Date:** _____ **Age:** _____

Knee Problem: _____ ○ Right ○ Left

Date of Onset: _____ **Injury:** ○ Yes ○ No *(Describe Injury)* _____

How Did Pain or Problem Begin? _____

Symptoms

Is your knee problem	○ intermittent	○ constant
Soreness/Aching	○ Yes	○ No
Pain	○ Yes	○ No
Popping, clicking, grinding	○ Yes	○ No
Loss of motion	○ Yes	○ No
Stiffness	○ Yes	○ No
Swelling	○ Yes	○ No
Weakness	○ Yes	○ No
Tenderness	○ Yes	○ No
Difficulty going up and down stairs	○ Yes	○ No
Locking	○ Yes	○ No
Giving way	○ Yes	○ No
Does knee pain wake you or keep you awake	○ Yes	○ No
Past knee problems	○ Yes	○ No
Are you in good general health	○ Yes	○ No

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