

DATE:

KNEE HISTORY

Patient Nar MRN #: DOB:	me:				
		<i>LEFT</i> OR <i>BOTH</i> LEM OR INJURY:	(please circle)		
DATE OF O	NICET.				
		LEMS OR SURGERY ON T	HIS KNEE:		
DESCRIBE	OTHER BON	E OR JOINT PROBLEMS: _			
CHECK AL	L COMPLAIN	TS PRESENT:			
	SWELLING	3			
	CATCHING GIVING W LIMPING USE OF CA PAIN WITH NIGHT PAIN	CIRCLE LOCATION: NOISE OR GRINDING G OR GRINDING AY OR BUCKLING ANE OR CRUTCHES H STANDING OR WALKIN	G	MODERATE OUTER KNEE	SEVERE ENTIRE KNEE
*****	*****	********	******	******	*****
For Office	Use Only				
X-Ray Requested:			Physician Signature:		