NewportCare®
MEDICAL GROUP

PATIENT HISTORY
FOR ORTHOPAEDICS

New Patient Knee Questionaire: Occupation: _____

Name _____ Age: _____

1. Which knee hurts the most? ☐ Right ☐ Left
2. How long have you had pain in the knee ? _____ months _____ years
3. Was there an injury? ☐ No ☐ Yes: Description (include date of injury)_____
4. Does your knee feel unstable? ☐ Yes ☐ No
5. Do you have any previous surgeries to the knee? ☐ No ☐ Yes. Description (include approximate dates):

_____

6. Does pain radiate? ☐ No ☐ Yes, it radiates to my: ☐ Thigh ☐ Lower leg ☐ Ankle
   Other:_____
7. Type of pain: ☐ Sharp ☐ Dull/Aching ☐ Tingling/Electric ☐ Burning
8. Severity of pain from 0-10 scale (0 none, 10 maximum): _____
9. Degree of disability: ☐ None ☐ Slight/Occasional ☐ Mild with no effects on activities
   ☐ Moderate but tolerable ☐ Marked with serious limitations ☐ Totally disabling
10. Is the pain worse at night (sleeping) or worse during daytime? ☐ Night ☐ Daytime
11. Does the pain wake you up at night? ☐ No ☐ Yes: Frequency is ____ times ☐ per night ☐ per week
12. What interventions have you had recently for the knee? ☐ Over the counter brace ☐ Custom fit brace
    ☐ Narcotics ☐ Tylenol ☐ Anti-inflammatory medications ☐ Physical therapy

Degree of relief from the above: ☐ None ☐ Minimal ☐ Moderate ☐ Good

13. How many steroid injections have you had for the knee? _____

How much pain relief? ☐ None ☐ Minimal ☐ Moderate ☐ Good

How long pain relief? _____ weeks _____ months _____ years

14. How many viscosupplementation injections (synvisc, hyalgan, orthovisc, etc) have you had for the knee? _____

How much pain relief? ☐ None ☐ Minimal ☐ Moderate ☐ Good

How long pain relief? _____ weeks _____ months _____ years

15. Do you use any of the following: ☐ Cane ☐ Crutches ☐ Walker ☐ Wheelchair
16. Walking distance: ☐ Unlimited ☐ _____ minutes ☐ Around the mall ☐ 2-3 blocks
    ☐ Indoors only ☐ From bed to chair only
17. Do you have any locking (the knee mechanically stops in mid-arc)? ☐ Yes ☐ No
18. Any swelling? ☐ Yes ☐ No
19. Aggravating factors: _____
20. Relieving factors: _____

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