

Please circle or fill in appropriate answers, and bring to your appointment.

Name _____ Age _____

Height _____ Weight _____ Occupation _____

Affected knee: Right Left Both Which is worse? _____

How long has there been a problem? _____

Was there an injury? No Yes If so, when? _____

What happened? _____

Did this happen at work? No Yes Have you missed work because of it? _____

Has there been a WCB claim? No Yes What is the claim number? _____

Any other insurance claims? (eg Autopac, Disability) _____

If there is pain, is it: Intermittent Constant Present at rest Interfering with sleep

The pain is worse with: Excessive activity/walking Twisting Stairs

Prolonged sitting Kneeling/crouching Other _____

Where is the majority of the pain? Front of knee Back Inner aspect Outer aspect

Does the knee: Catch/click Buckle/give way Feel unstable/weak Lock Grind Swell

Since the problem started, is it: Better Worse About the same

Have you used a brace? No Yes Do you use walking aids? No Yes _____

What imaging has been done? (eg Xray, MRI) _____ Pending? _____

Have you had: Previous knee surgery? _____

Knee injections? _____ Physiotherapy? _____

Do you take medication for the knee? No Yes _____

Which of the above have helped most? _____

Do you do sports/recreational activities that bother your knee? _____

Any history of: Arthritis Diabetes High blood pressure Heart problems Breathing problems

Previous operations _____

Current medications _____

Blood thinners? _____ Medication allergies? _____

Thank you for completing this information sheet. It will help to facilitate your consultation.