Banff Sport Medicine

KNEE: Initial Consult
PATIENT HISTORY

☐ Dr. M. Heard
☐ Dr. G. Buchko
☐ Dr. L. Hiemstra

PATIENT NAME: _____ Date_____

Symptoms / Injury Description

Which KNEE are you being seen for today? ☐ Right ☐ Left ☐ Both

Did your problem come on gradually or as a result of an injury? ☐ Gradually Date of onset: _____

☐ Injury Date of injury: _____

Describe what happened: _____

_____

The main problem is? ☐ Pain ☐ Instability (giving way) ☐ Stiffness ☐ Swelling ☐ Locking ☐ Other_____

Rate your knee problem during the last month (CIRCLE): (no problem) 0 1 2 3 4 5 6 7 8 9 10 (worst)

Does your knee? ☐ Lock ☐ Swell up ☐ Give way ☐ Catch ☐ Pop ☐ Grind

Does your knee feel unstable or loose? ☐ Yes ☐ No **What brings this on?** _____

What makes your knee worse? ☐ Standing ☐ Walking ☐ Running ☐ Sitting

☐ Night Pain ☐ Pivot/twist ☐ Jumping ☐ Stairs ☐ Other: _____

What, if anything makes your knee better? _____

Sports / Recreation

List your regular sports/recreation activities:

1. _____ ☐ Recreational ☐ Amateur Competitive ☐ Professional Competitive ☐ Other_____

2. _____ ☐ Recreational ☐ Amateur Competitive ☐ Professional Competitive ☐ Other_____

Does your knee problem affect your: ☐ Work ☐ Sleep ☐ Everyday activity ☐ Sports

Previous Surgery / Treatments / Tests

Have you had previous?:

RIGHT: Knee **injuries?** ☐ Yes ☐ No	**LEFT:** Knee **injuries?** ☐ Yes ☐ No
Describe:	Describe:
When?	When?
RIGHT: Knee **surgeries?** ☐ Yes ☐ No	**LEFT:** Knee **surgeries?** ☐ Yes ☐ No
Describe:	Describe:
When?	When?

What treatment(s) have you had for your knee? ☐ Nothing ☐ Physiotherapy ☐ Medication ☐ Injections

☐ Brace ☐ Surgery ☐ Other: _____

What tests have you had done for your knee? ☐ X-ray ☐ MRI ☐ CT scan ☐ Ultrasound ☐ Bone Scan

_____

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