

Knee Questionnaire

(Please answer the following questions before meeting with Dr. Wright)

Name: _____ Age: _____

What bothers you most about your knee now? _____

Was there a specific injury to your knee? Yes / No

If so, what was the date of the injury? / /

Briefly describe the mechanism of injury: _____

Does it swell? Yes / No

Does it "lock"? Yes / No

Is it unstable? Yes / No

Does it "catch"? Yes / No

What makes your knee worse? _____

What makes your knee better? _____

In what specific activities does your knee limit you (or prevent you from doing)? _____

Have you had any of the following treatments for your knee yet?

Physical Therapy: Yes / No

Did it help? Yes / No

Knee brace Yes / No

Did it help? Yes / No

Anti-inflammatory pills: Yes / No

Did they help? Yes / No

Which ones: _____

Other treatment (please specify): _____

_____ Did it help? Yes / No

Have you ever had a prior injury to this knee? (please describe): _____
