



# Community Chiropractic Center

(262) 275-1700

## KNEE HISTORY

Name \_\_\_\_\_

Date \_\_\_\_\_

**CHIEF COMPLAINT** (Reason for today's visit): \_\_\_\_\_

**SYMPTOMS:** What symptoms RELATED TO TODAY'S VISIT are you experiencing? (Please check all that apply)

Pain       Weakness       Swelling       Stiffness or Motion Loss       Instability

Locking       Grinding       Clicking       Numbness/Tingling       Catching

Other: \_\_\_\_\_

**Describe the Symptoms:** (Quality)

Sharp       Dull       Stabbing       Throbbing       Burning       Achy       Shooting       Radiating

Other: \_\_\_\_\_

How long have you had symptoms? (Duration) \_\_\_\_\_

How often do you have symptoms? (Timing)     Occasional       Frequent       Constant

When do symptoms occur?     With activity       Morning       Night

Pain Level: (none=0, 10=severe, please circle)

At worst:    1   2   3   4   5   6   7   8   9   10    At best:    1   2   3   4   5   6   7   8   9   10

What makes your symptoms worse? \_\_\_\_\_ Better? \_\_\_\_\_

Are you on Narcotic Medication for this issue?     No     Yes

Have you had any prior injuries to the area?     No     Yes: \_\_\_\_\_

Have you had any previous treatment for this problem?     No     Yes: \_\_\_\_\_

If "yes", did any of these treatments provide relief?     No     Yes: \_\_\_\_\_

Surgical History of the Knee    None    Yes \_\_\_\_\_

*Please place check mark on the line that best describes the way you feel.*

*Mark only one answer to each question*

*Do you have any problem or discomfort in your knee(s) at all with the following activities?*

SYMPTOM

	UNABLE TO DO	CAN DO WITH PROBLEM	NO PROBLEM	UNKNOWN
1.Walking as far as a mile	_____	_____	_____	_____
2.Climbing up 2 flights of stairs (16 steps)	_____	_____	_____	_____
3.Squatting	_____	_____	_____	_____
4.Kneeling	_____	_____	_____	_____
5.Sitting for prolonged periods with your knees bent in one position	_____	_____	_____	_____
6.Climbing up 4 flights of stairs (32 steps)	_____	_____	_____	_____
7.Running a short distance, say 100 meters	_____	_____	_____	_____
8.Walking a short distance (a city block)	_____	_____	_____	_____

COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

Staff Notes: