

Dr. Everhart New Patient Intake Form – Knee



IU Health Physicians

Thank you for taking the time to fill out this form. This information will help create the best treatment plan for you and will free up more time for discussion during your appointment.

Sticker
Patient:
DOB:

How did you find out about our clinic?

- Referred by friend or family member
- Referred by school or athletic trainer
- Found info online
- Referred by PT
- Referred by my doctor
- Other: _____

Which knee do you want to discuss today? Right Left Both

If both, which one is worse? Right Left Equal

How long have you had knee symptoms? _____

Did your knee symptoms start after a specific injury? If yes, please explain:

What symptoms do you have?

- Pain
- Weakness
- Stiffness
- Instability
- Locking/ clicking / popping / catching
- Numbness / tingling
- Swelling
- Other: _____

When do you have these symptoms?

- Constant
- Constant baseline w/ intermittent spikes
- Unpredictable
- Intermittent
- Only w/ certain activities: _____

Describe your pain.

- Sharp
- Aching
- Burning
- Stabbing
- Dull
- Throbbing
- Shooting

Rate your pain from 0-10 (0 = no pain, 10 = worst pain) on average:___/10 at its worst:___/10.

Where do you have symptoms?

- Anterior/ front of knee
- Medial/ inside of knee
- Lateral / outside of knee
- Posterior/ back of knee

What makes your symptoms worse?

- Deep squats
- Prolonged sitting
- Prolonged standing
- Twisting
- Running
- Walking
- Stairs (up or down)
- Laying on my side
- Other: _____

What makes your symptoms better?

- Exercise
- Physical therapy
- Medications
- Stretching
- Rest
- Brace
- Other: _____

Have you had any previous knee injuries? If so, what were they?

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What treatments have you had for your knee?

- Injection Anti-inflammatory (like Advil or ibuprofen) Physical therapy Surgery
- Other: _____

Are you able to take non-steroidal anti-inflammatory medications (like Advil or ibuprofen?)

- Yes No If no, please list reason why: _____

Have you ever had a knee MRI? Yes No

If you've had a knee injection, what happened to your symptoms?

- Did not help at all Relief for only 2-3 hours Few weeks of relief
- Few months of relief 1 or more years of relief
- Where was the injection placed? _____

If you have had surgery:

Who was your surgeon? _____ When was the surgery? _____

What was the surgery? _____

How did you do with the surgery? _____

What is your occupation? _____

What physical activities do you like to do? _____