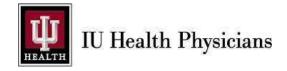
Dr. Everhart New Patient Intake Form - Knee



Thank you for taking the time to fill out this form. This information Sticker will help create the best treatment plan for you and will free up more Patient: time for discussion during your appointment. How did you find out about our clinic? □ Referred by friend or family member □ Referred by PT DOB: □ Referred by school or athletic trainer □ Referred by my doctor □ Found info online □ 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 Advi □ Other:	l or ibuprofen)	□ Physical therapy	□ Surgery
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?			