**The Joint Replacement Institute at**

**Cary Orthopaedics**

**1120 Southeast Cary Parkway, Suite 100**

**Cary, NC 27518**

**Phone (919)467-4992 Fax (919)481-9607**

**Demetri Economedes, DO**

**Knee Pain Intake Form**

**Date:\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ Chart#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ AGE\_\_\_\_\_\_\_\_**

**Height\_\_\_\_\_\_ Weight\_\_\_\_\_ Who referred you to see us?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please circle any of the following:**

**Where is your Pain?**

Right Hip Left Hip Right Knee Left Knee Back of Legs Low Back

**How Long have you had this problem? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Where is your knee pain?**

Front of knee Back of knee Down below knee Inside of knee

Outside of knee Down to foot

**Is your pain:**

Intermittent OR Constant

Getting worse Getting better Staying the same

**How would you describe your pain?**

Sharp Throbbing Burning Dull Tight Tingling

**Do you have pain when you:** Sit Stand Walk At night

**Is your pain worse when you:** Sit Stand Walk At night

**Chart #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rate your pain on a scale from 1-10 (1=minimal pain, 10=severe pain):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any of the following symptoms?**

Stiffness Numbness Swelling Weakness

**Do you have a limp?**

None Slight Moderate Severe

**Have you tried physical therapy or formal exercises for at least 3 months to help with the pain?** Yes No

**Have you undergone any Steroid injections or Hyaluronic Acid (“rooster comb”) injections into the affected joint?** Yes No

**If so please list the approximate date:**

Cortisone Injections: **\_\_\_\_\_\_\_\_\_**Hyaluronic Acid: **\_\_\_\_\_\_\_\_**

**Knee Score Questions**

Do you have any pain with walking?

None Mild or Occasional Moderate Severe

Do you have any pain walking up or down stairs?

None Mild or Occasional Moderate Severe

Do you have any pain at rest?

None Mild or Occasional Moderate Severe

How does your knee limit walking?

Unlimited distances Less than 1 Block 1-5 Blocks 5-10Blocks 10-20Blocks

Cannot walk at all

How do you go up stairs and down stairs? Up Down

Normal (one foot in front of the other) \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Use hand rail for balance \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Use hand rail to pull up to next stair \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Cannot go up/down stairs \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

How do you get out of a chair?

Normal without support Use arm rests for balance Use arm rests to push myself

Cannot get out of chair

What type of support do you use?

None Cane Crutches Walker Other

**Chart#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To be completed by physician:**

**ROM : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alignment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Extension Lag : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Flexion Contracture:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medial/Lateral Stability Anterior/Posterior Stability**

**Medial Lateral Anterior Posterior**

**0-5mm \_\_\_\_\_\_ \_\_\_\_\_\_ 0-5mm \_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

**5-10mm \_\_\_\_\_\_ \_\_\_\_\_\_ 5-10mm \_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

**>10mm \_\_\_\_\_\_ \_\_\_\_\_\_ >10mm \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**