Worcestershire NHS
Acute Hospitals NHS Trust

History Sheet KNEE

**** New patients only ****

Today's date: _____ **Name: _____** **DoB: _____**

Height: _____ **Weight: _____** **BMI: _____**

Injury related questions:

Which is the injured knee?	☐ Left ☐ Right
Was there a specific injury?	☐ No ☐ Yes
If yes, when did the injury occur?	___ / ___ / ____ DD / MM / YYYY
Any previous surgeries on the injured knee?	☐ No ☐ Yes
Any previous surgeries on the opposite knee?	☐ No ☐ Yes

Past Medical History:

Occupation	
Medication	
Do you have a history of diabetes?	☐ No ☐ Yes
Are you a smoker?	☐ No ☐ Yes
If yes, how much do you smoke (packs/day): _____	

Treatment history:

Have you tried any of the following treatments for your current injury:

1. Physiotherapy	2. Brace	3. Injections
☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes

Are you currently working?	☐ No ☐ Yes ☐ Retired
If unable to work due to your knee, when did you last work?	___ / ___ / ____ DD / MM / YYYY
Are you able to play sports/exercise?	☐ No ☐ Yes ☐ Don't play sports
If unable to be active due to your knee, when did you last play sports/exercise?	___ / ___ / ____ DD / MM / YYYY