

UCSF Health

Name:	Age: Date:		
What side is the problem?	Patient Sticker		
Height: Weight:			
Circle a number from 0-10 that best describes how much pain you are having RIGHT NOW. No Moderate Unbearable pain pain pain 0 1 2 3 4 5 6 7 8 9 10	For a child or non-english speaking adult, use the		
Please list any ALLERGIES you have to medications or food/substances:			
Please list all prescription medications and the dose that you take (or provide a list):			
Please indicate your preferred pharmacy with name/city/zip:			
When did you start to have pain?			
Was there a specific injury (if so, what happened)?			
When you were injured:	Please list any previous knee surgeries below:		
Did you hear/feel a pop?YesNoDid your knee swell?YesNo			
Do you currently have:	7		
Feelings of instability?YesNoCatching or locking?YesNo			
Where do you feel the pain?	What treatments have you tried: 🗌 None		
 Front of the knee Inside of the knee Outside of the knee 	□ NSAIDS (Motrin, Ibuprofen) Helpful? □ Y □ N □ Narcotics (Codeine, Vicodin) Helpful? □ Y □ N		
Does the pain shoot down into the foot? Yes No Do you have numbness or tingling in the foot? Yes No Do you have pain in your back? Yes No	Physical Therapy Helpful? I Y IN Injections Helpful? Y IN Surgery Helpful? Y IN		
What makes the pain better?			





Knee History & Physical

What makes the pain worse?	How do you describe the pain?		
	Dull Aching Sharp Throbbing		
Occupation?			
What sports/activities do you participate in?			

Sport	Level	Hours/Week	Weeks/Year

Check and explain if you have any of the following:	
□ NONE OF THE BELOW	
🗌 Headache, dizziness, visual problems	 -
🗌 Ear, nose or throat problem	
🗌 Chest pain, irregular heartbeat, palpitations	
Lung problems, asthma, shortness of breath	
Difficulty or frequent urination	
🗌 Nausea, vomiting, diarrhea, heartburn	
Loss of sensation in your arms or legs	
🗌 Vascular disease	
Diabetes, thyroid or other endocrine problems	
🗌 Easy bruising	
Fevers, chills, night sweats	
Recent weight loss or gain	

Today's Visit at MarinHealth Orthopedic Care:

To ensure you get the most out of your appointment, please list below three main concerns you'd like addressed. (As an example: review imaging studies, discuss medication management, explore non-operative treatments, etc.)

1 _	 	 	 	
- 2	 	 	 	
- 3 -	 	 	 	