

Edwin M. Tingstad, M.D.

Knee Form

Please complete and bring with you to your appointment.

Right Left

Symptoms:

- Pain with activity Y N (describe): _____
- Pain at rest Y N (describe): _____
- Pain at night Y N (describe): _____
- Locking Y N (describe): _____
- Instability Y N (describe): _____
- Limited motion Y N (describe): _____
- Swelling Y N (describe): _____
- Limited strength Y N (describe): _____
- Decreased strength Y N (describe): _____

Treatment:

- Oral medications? Y N (describe): _____
 Oral medications helpful? Y N
- Physical Therapy? Y N (describe): _____
 Physical Therapy helpful? Y N
- Braces Y N (describe): _____
 Braces helpful? Y N
- Injections Y N (describe): _____
 Injections helpful? Y N
- Similar problem on the other side? Y N (describe): _____

Patient Name: _____ Date: _____
MM/DD/YYYY