

# Patient Knee Replacement History and Physical Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Surgery  Right  Left Total Knee Date of Surgery: \_\_\_\_\_

## Symptoms

How long has your knee been hurting? \_\_\_\_\_

How far can you walk pain free? \_\_\_\_\_

- Yes  No Does your knee wake you up at night?
- Yes  No Can you spend 2 hours on your feet and be pain free?
- Yes  No Does your knee swell?
- Yes  No Have you lost motion in your knee?
- Yes  No Can you go up or down stairs pain free?
- Yes  No Can you kneel?
- Yes  No Can you squat?
- Yes  No Can you walk on uneven ground without pain?
- Yes  No Have you noticed a bow legged or knocked knee appearance?
  
- Yes  No Do you have back pain?
- Yes  No Do you have numbness in your legs?
- Yes  No Do you have pain in your groin?

## Treatment

- Yes  No Over the counter medication
- Yes  No Taken herbal medication
- Yes  No Prescription anti-inflammatories
- Yes  No Have you had Injections in your knee?
- Yes  No Have you need to use a cane or walker?
- Yes  No Have you had surgery on your knee?

Please fill out form on the back side





# OrthoWest

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Please return these forms back to OrthoWest before your up coming joint replacement. This can be done one of three ways:

- Mail the forms to back to OrthoWest
- Fax the forms to 637-0846
- Return the forms with you when you see Dr Neumann back in the office before your surgery.

If you have any questions please contact our office

Brian Fontana PA-C