

KNEE PAIN QUESTIONIARE

Dr Brian Allard DC

7239 Sawmill Rd Ste 110. Columbus 4016 614-457-7575

Name: _____ Email: _____ Phone: _____ Date: ___/___/___
Address: _____ City: _____ ST _____ Zip _____
Date of Birth ___/___/___ Age: _____ Height: _____ Weight: _____
Primary Care Physician: _____ Referring Physician _____
How did you hear about us? _____ Email: _____

Education:

___ High School ___ Advanced Degree/Vocational Degree ___ College Graduate

Marital Status:

___ Single ___ Married (How Long) _____ ___ Divorced ___ Widowed

Number of Children: _____

If married, please give spouse's occupation _____

Current Occupation or Last Job: _____

Current Employment Status:

___ Full Time ___ Part Time ___ Unemployed
___ Homemaker ___ Retired ___ Student

Is your knee pain or numbness the result of an accident? ___ Yes ___ No

If yes, where did it occur? Circle one: Home Work Vacation Car Other

(Describe) _____

Knee Pain / Numbness / Neuropathy Information:

What is the main problem for which you are seeking treatment at our office?

How long have you had your current pain or numbness problem?

How did your current pain or numbness start? Was there a precipitating event? _____

How do the following affect your pain, numbness or tingling? (please circle one for each item)

| | | | |
|-------------------|----------|-----------|----------|
| Lying Down | Decrease | No Effect | Increase |
| Standing | Decrease | No Effect | Increase |
| Sitting | Decrease | No Effect | Increase |
| Walking | Decrease | No Effect | Increase |
| Exercise | Decrease | No Effect | Increase |
| Medication | Decrease | No Effect | Increase |

Are there other factors that make your pain, numbness or tingling

Better? _____

Worse? _____

Please rate your pain, numbness or tingling intensity on a scale from 0 (no pain) to 10 (excruciating, incapacitating, worst possible). Rate your pain, numbness or tingling during the past month.

Your pain, numbness at its worst _____

Your pain, numbness at its least _____

Your average pain, numbness _____

Your current pain, numbness _____

How often do you have your pain, numbness or tingling?

_____ Constantly (100% of the time) _____ Nearly constantly (60-95% of time)

_____ Intermittently (30-60% of time) _____ Occasionally (less than 30% of time)

(Please answer ALL of the following questions by circling one answer per question.)

By signing below, I certify that all the answers I have provided are true and correct to the best of my knowledge.

1. Do you experience knee pain? Right / Left / Both Where? _____

2. Do you experience knee pain at rest? Yes / No

3. Do you have knee osteoarthritis (OA) confirmed by imaging (x-ray/MRI)? Yes / No / Unsure

4. Has your knee pain interfered with activities (such as walking, going up/down stairs and/or standing) for at least six months? Yes / No

5. Do you have morning knee stiffness lasting 30 minutes or less? Yes / No

6. Do you experience a grinding sensation with knee movement? Yes / No

7. Have you tried pain and/or anti-inflammatory medications (ie: Tylenol®, Aspirin, Advil®, orcapsaicin cream) for at least three months without gaining long-term relief? Yes / No

8. Have you attempted physical therapy to the affected knee or participated in a personal exercise program without long-term relief? Yes / No

9. Have you used a knee brace without long-term relief? Yes / No

10. Has your doctor ever drained excess fluid from the affected knee(s)? Yes / No

11. Have you tried steroid injection(s) to the affected knee without long-term relief? Yes / No

12. Has your doctor injected FDA-approved Hyalgan, Orthovisc, Supartz, Synvisc-One or the like greater than six months ago? Yes / No

- If you did have the previously mentioned injection(s); did you receive significant improvement in pain and functional ability (ie easier to walk and/or stand)? Yes / No

- If you did have the previously mentioned injection(s); were you able to use fewer pain relieving medications for six months afterward? Yes / No

Please circle all of the treatments you have tried for your pain, numbness or tingling:

Hospital bed rest

Traction

Surgery

Exercise

Nerve block or injection

TENS(electrical stimulator)

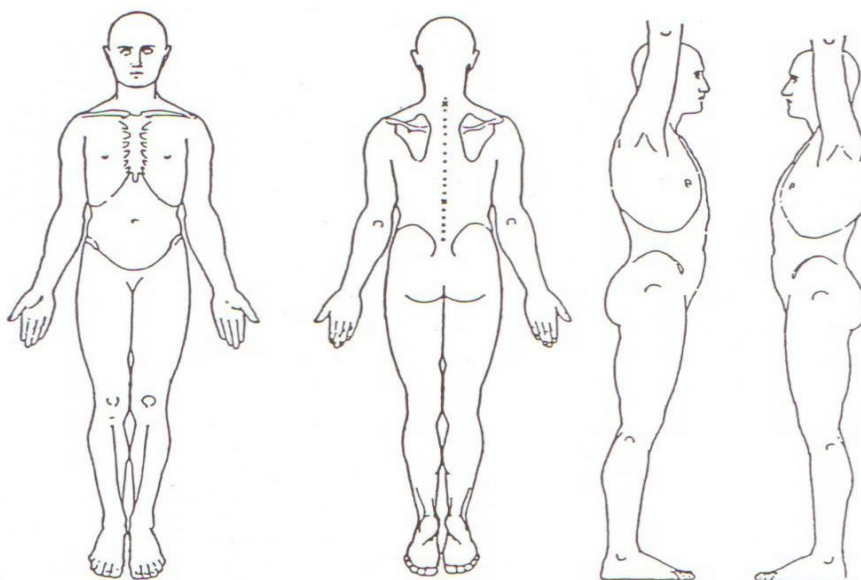
Physical Therapy

Which ones helped you the most? _____

Which ones helped you the least? _____

Have you ever been in treatment for misuse of alcohol or drugs? ___Y ___N

If yes, where and when? _____



Mark the areas that you are experiencing your pain, numbness or tingling. Indicate your pain or numbness type by marking with a letter or letters.

a) deep (inside)

b) Superficial (on the skin)

c) constant (all the time)

d) intermittent (starts and stops)

e) aching f) burning g) shooting

By signing below, I certify that all the answers I have provided are true and correct to the best of my knowledge.

Print Name: _____

Today's Date: ____ / ____ / ____

Signature: _____

Thank you for completing this question

Office Use Only: _____

History: _____



Hi my name is Linda Guthrie, and I have been suffering with knee pain for about 10 months now, I had trouble getting up from sitting, going up stairs and they felt weak all of the time. I was sitting in the office in the office and I asked Dr. Brian if he might be able to help me with my knee pain. He said he felt he could and after talking about it, I took him up on his offer. I'm at the end of my treatments now, and my knees really feel much better. I have no more clicking, and hurting when climbing stairs or getting up from sitting. And they do not feel weak anymore. So anyone who has knee problems check him out Thank you Dr. Allard



My name is Nina Chadwick, and my husband found the article in the paper, I called and came in, and was having terrible knee pain for 10-15 years. I thought I was going to have to get knee replacements. We discussed doing treatment, it was stormy the next day, and I figured I was going to be in terrible pain but I wasn't.

I came into Dr. Allard's office, had the consult and exam, I was completely surprised and it has not bothered me for over a week, and I've not had any pain. I have been sleeping every night, and haven't woke up crying in pain at all. I'm totally satisfied, and can't wait until it's all over and done.

Patient's husband total agrees with the treatment patient received from Dr. Allard.

