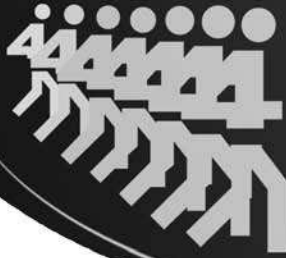


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BAHRI ORTHOPEDICS
& SPORTS MEDICINE
CLINIC, P.A.

Knee Chart History

Created 05/12/2009

Name: _____ Date: _____ Age: _____

Knee Problem: _____ Right Left

Date of Onset: _____ Injury: Yes No (Describe Injury) _____

How Did Pain or Problem Begin? _____

Symptoms

	<input type="radio"/> intermittent	<input type="radio"/> constant
Is your knee problem		
Soreness/Aching	<input type="radio"/> Yes	<input type="radio"/> No
Pain	<input type="radio"/> Yes	<input type="radio"/> No
Popping, clicking, grinding	<input type="radio"/> Yes	<input type="radio"/> No
Loss of motion	<input type="radio"/> Yes	<input type="radio"/> No
Stiffness	<input type="radio"/> Yes	<input type="radio"/> No
Swelling	<input type="radio"/> Yes	<input type="radio"/> No
Weakness	<input type="radio"/> Yes	<input type="radio"/> No
Tenderness	<input type="radio"/> Yes	<input type="radio"/> No
Difficulty going up and down stairs	<input type="radio"/> Yes	<input type="radio"/> No
Locking	<input type="radio"/> Yes	<input type="radio"/> No
Giving way	<input type="radio"/> Yes	<input type="radio"/> No
Does knee pain wake you or keep you awake	<input type="radio"/> Yes	<input type="radio"/> No
Past knee problems	<input type="radio"/> Yes	<input type="radio"/> No
Are you in good general health	<input type="radio"/> Yes	<input type="radio"/> No