

# Knee Pain Questionnaire

Purpose: To determine if you are a candidate for our 1-2-3 Knee Relief Program

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

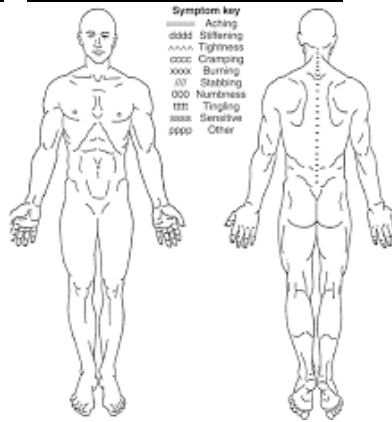
Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Cell Ph# \_\_\_\_\_ Email \_\_\_\_\_

Which knee is bothering you? Right Left Both  
Which knee is worse? Right Left Both the same

Have you seen our online testimonials? YES NO

Mark the painful areas of your **knees&any other areas of pain** that affects you below:



Why is now a good time to get this handled? \_\_\_\_\_

When did the pain start? \_\_\_\_\_ Is it getting worse? YES NO

How does your knee pain affect you the most? \_\_\_\_\_

What activities does your knee pain prevent you from doing? \_\_\_\_\_

**How would you describe your pain/ your condition? (circle all that apply)**

- Pain is constant and severely affecting my activities & quality of life
- Pain is moderate and has slight impact on my activities
- I'm afraid of my condition getting worse
- I'm try to avoid surgery
- I've tried everything and am frustrated about my condition

**Do any of the following increase your pain?**

Prolonged walking:	Yes	Minimally	No
Prolonged standing:	Yes	Minimally	No
Going up or down stairs:	Yes	Minimally	No
Prolonged sitting:	Yes	Minimally	No
Getting up from a sitting position:	Yes	Minimally	No
Kneeling or squatting:	Yes	Minimally	No

On a scale of 1-10, how bad would you rate your condition?

At Worst \_\_\_\_\_Average \_\_\_\_\_

**Do you have any of the following symptoms?**

Weakness in your leg:	Yes	Minimally No
Giving way or buckling of your knee:	Yes	Minimally No
Locking of your knee (unable to fully straighten):	Yes	Minimally No
Clicking or catching in your knee:	Yes	Minimally No
Grinding sensation in your knee:	Yes	Minimally No
Swelling of your knee:	Yes	Minimally No
Pain at night:	Yes	Minimally No

Have you had any prior surgery to your knee(s)? Yes No

If yes, what type of surgery did you have and when did you have the surgery?

---

**What prior treatments have you had: (please circle)**

Cortisone Shots      Synvisc Injections      Hyalgan Injections      Physical Therapy      Acupuncture  
Prescription Medication      Advil/ Tylenol/Alleve/ Ibuprofen  
Have any of these provided any long term relief? \_\_\_\_\_

**I have been diagnosed with: (please circle)**

Bone on Bone      Loss of Cartilage      Torn Meniscus      Arthritis      Tendonitis      Bursitis

Our **1-2-3 Knee Relief Program** utilizes three or more high tech therapies not often seen in combination. **Most patients will experience changes in just a few visits** will experience a 70-90% improvement! Treatment may vary from 6-18 visits depending on the condition. Mark all that apply:

- I've tried everything and I am motivated to get started right away/today**
- If you can get me 70-90 % better, sign me up!**
- I'm willing to pay out of pocket for this program**
- I'm not looking to get started right now
- I just want to see what this is all about
- I can't start right away because: ( ) I'm not working right now ( ) I'm traveling ( ) I'm going to Florida ( ) I have upcoming surgery ( ) I have other commitments right now ( ) Other