



Chester Knee Clinic
at the Grosvenor Nuffield Hospital
Wrexham Road Chester CH4 7QP
www.kneeclinic.info email: info@kneeclinic.info

PATIENT HISTORY

Please download, print and complete this form by hand. Bring it with you, with copies of other relevant medical documents (clinical letters, physiotherapy reports, x-ray and MRI reports and films, operation records, etc.) for your first appointment with Mr Bobic.

Hospital ID label

Date:

Age:

Weight:

Height:

Insurance:

Name:

Email:

Phone:

Occupation:

Sports:

Allergies:

Medication:

Last knee x-ray (date):

Where?

Last knee MRI scan (date):

Where?

Previous knee injections (date):

Where?

Previous knee surgery (date):

Where?

Have you been in another hospital for longer than 24 hours in the last 12 months? Yes No

GP's name and practice:

Do you have a Physiotherapist (name and practice):

Any back, hip, groin, or ankle pain?

Any problems with the opposite knee?

Do you have: asthma, high blood pressure, heart condition, diabetes, cancer (please circle)?

Do you have a history of a DVT (deep venous thrombosis)? Yes No

If yes, when?

Do you have a history of postoperative joint infection?

If yes, when?

Which knee is the main problem? Left Right Both

When did your present knee problems start:

Did the problem result from specific injury?

How did you get injured?

If not injury related, how long have you had the condition?

Please rate your knee pain on a scale 1 to 10 (10 being the most painful):

If your knee hurts, is the pain (please circle): somewhere inside the knee, at joint-line level, behind the kneecap?

Do you have any knee lumps or bumps? Yes No

If yes, where?

Do you have any of the following symptoms (please circle): swelling, clicking, snapping, sticking, catching, locking, giving way, instability, limited extension or flexion, grating, grinding.

Do you walk with a limp? Yes No

Please add any other relevant information here:

Thank you for completing this questionnaire.

Vladimir Bobic, MD, FRCSEd
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