

The 10 Point Knee Referral Form

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Patient's Name:

Date of Birth:

Sporting Level (Please tick): Nil Recreational Competitive Pro

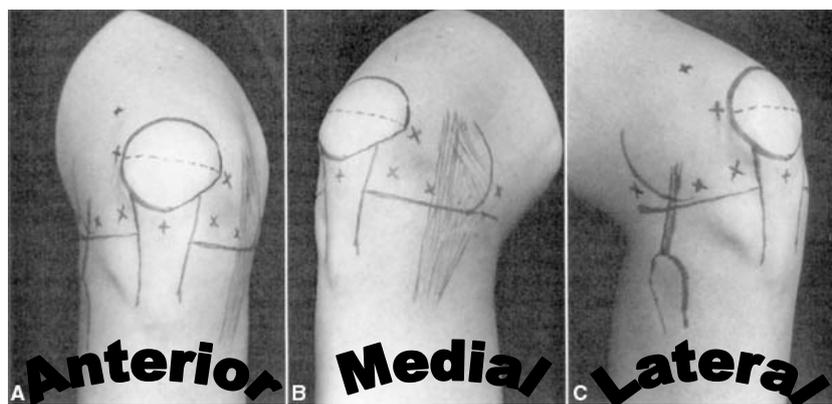
Symptoms (please tick one or more): Pain
Swelling
Stiffness
Giving way on pivoting
Locking

Are the symptoms injury related ? : Y / N

Does kneeling, climbing stairs or driving long distances make the knee pain worse ?

Y / N

Please mark the site of maximum pain & / or tenderness on the diagram



Do your symptoms interfere with sport or activities of daily living or both ? Y / N

Score your knee out of 10 where 0 is the worst and 10 is the best possible ? /10

Clinical Impression: