

MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE	ORTHOPEDIC AND PHYSICAL THERAPY SPORTS CLINIC - KNEE EVALUATION (OA/DJD)	OTSG APPROVED (Date)
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PART I - SUBJECTIVE

1. Age	2. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	3. Occupation	4. Date of onset	5. Pain ___/10 at rest; ___/10 with activity
6. Chief complaint				
7. Past treatment history				
8. Past medications				
9. Working assessment				
10. Other				

PART II - OBJECTIVE

11. Barriers to learning <input type="checkbox"/> None				12. Extremity involved	
13. Gait:					
14. Tests (For each test listed below, enter "+" for positive, "-" for negative, or "N/A" for not assessed or not applicable.)					
	ROM	Crepitus	Stability/Laxity	Tenderness	Weight bearing alignment
Right					
Left					
15. Films					
16. MRI					
17. Other					

PART III - ASSESSMENT (Item 18)

PART IV - PLAN (Item 19)

(Continue on reverse)

PREPARED BY (Signature & Title)	DEPARTMENT/SERVICE/CLINIC	DATE
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PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

- HISTORY/PHYSICAL
- FLOW CHART
- OTHER EXAMINATION OR EVALUATION
- OTHER (Specify)
- DIAGNOSTIC STUDIES
- TREATMENT