

Name:
NHS No:
Hospital No:
DOB:
Gender: M F

Previous Medical History

Has the patient had previous surgery on this knee?

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Anterior Cruciate Ligament Reconstruction (ACL) | <input type="checkbox"/> Posterior Cruciate Ligament Reconstruction (PCL) |
| <input type="checkbox"/> Posterolateral Corner Surgery (PLC) | <input type="checkbox"/> Lateral collateral ligament Surgery (LCL) |
| <input type="checkbox"/> Medial Collateral Ligament Surgery (MCL) | <input type="checkbox"/> Lateral Meniscectomy |
| <input type="checkbox"/> Medial Meniscectomy | <input type="checkbox"/> Lateral Meniscal Repair |
| <input type="checkbox"/> Medial Meniscal Repair | <input type="checkbox"/> Cartilage Defect Surgery |
| <input type="checkbox"/> Other Injury | <input type="checkbox"/> Other Operation |

Description of other Surgery if required

Year of other Surgery

Did the patient suffer any associated injury at the time of disrupting their ACL?

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> PCL | <input type="checkbox"/> PLC |
| <input type="checkbox"/> MCL | <input type="checkbox"/> LCL |
| <input type="checkbox"/> Medial Meniscus | <input type="checkbox"/> Lateral Meniscus |
| <input type="checkbox"/> Articular Cartilage | <input type="checkbox"/> Other |