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

Patient Self-Assessment

Height: _____ ft/cm (please delete as appropriate)

Weight: _____ stone/kgs (please delete as appropriate)

Are you a smoker?

☐ Current ☐ Ex-smoker ☐ Non-smoker

Do you know the exact date of your injury?

☐ No ☐ Yes

Date of Injury DD/MM/YYYY

Did you injure your cruciate ligament playing sport?

☐ No ☐ Yes

If yes, what sport were you involved in when you suffered your injury?

☐ Athletics - Field
☐ Athletics - Throwing
☐ American Football
☐ Badminton
☐ Basketball
☐ Boxing
☐ Canoeing
☐ Cricket
☐ Cycling (Mountain Bike)
☐ Cycling (Road bike)
☐ Football (Soccer)
☐ Gaelic Games
☐ Golf
☐ Gymnastics
☐ Handball
☐ Hockey (Field Hockey)
☐ Hockey (Ice Hockey)
☐ Horse Riding
☐ Judo
☐ Kite Sailing
☐ Martial Arts
☐ Netball
☐ Roller Blading
☐ Rugby
☐ Running
☐ Skate Boarding
☐ Sky Diving
☐ Snow Boarding
☐ Snow Skiing
☐ Squash
☐ Swimming
☐ Tennis
☐ Trampolining
☐ Volley Ball
☐ Water Skiing
☐ Weight Lifting
☐ Wrestling
☐ Other

If no, what activity were you involved in when you suffered your injury?

☐ Dance
☐ I had a fall
☐ Motor vehicle (traffic accident)
☐ Motorbike (traffic accident)
☐ Motorbike (off road)
☐ Work related injury
☐ Assault
☐ Other

NATIONAL LIGAMENT REGISTRY

Patient Self-Assessment

Do you have a relative who has had an ACL injury?

☐ No ☐ Yes ☐ Unknown

If yes, who?

☐ Mother ☐ Father ☐ Sister ☐ Brother ☐ Daughter ☐ Son ☐ Cousin ☐ Other

Have you had previous surgery on this knee?

☐ No ☐ Yes

Have you ever had surgery on your opposite knee?

☐ No ☐ ACL reconstruction ☐ Other Surgery

If you selected 'other surgery', what type?