

Screening Sheet for MRI of the Knee

Name: _____ Date: _____

- 1) Which knee bothers you (circle one) Right Left Both
- 2) What was your chief complaint when you visited the doctor? _____
- _____
- _____

- 3) If you're having pain, describe it (check all that apply)
- dull aching sharp constant
 intermittent climbing stairs lifting things
 jumping other activities _____
 Location: front side back side inner side outer side

- 4) Was the pain brought on by an injury? YES NO
- 5) How long have you had the pain? _____
- 6) Does your knee "give out" on you when walking? YES NO
- 7) Have you had knee surgery? YES NO
- If so, when? _____

8) Please mark the area of pain and other symptoms on the drawing below:

