Knee Questionnaire

If you’re coming to our center for this test, print this page, fill out the form and bring it in with you on the day of your appointment.

FIRST NAME
LAST NAME
AGE    WEIGHT    DATE

WHAT WAS YOUR CHIEF COMPLAINT WHEN YOU VISITED YOUR DOCTOR?

WHICH KNEE IS AFFECTED? □ LEFT □ RIGHT

WHICH SIDE OF YOUR KNEE HURTS? □ INSIDE
□ OUTSIDE
□ FRONT
□ BACK
□ NO PAIN

WHAT DO YOU THINK CAUSED THE PROBLEM?

DOES YOUR KNEE LOCK? □ YES □ NO

HAVE YOU EVER HAD KNEE SURGERY? □ YES □ NO

DO YOU HAVE ANY OTHER MEDICAL CONDITIONS OR PROBLEMS?

DESCRIBE YOUR GENERAL HEALTH?

elizabethdiagnosticimaging.com/KneeQuestionnaire.htm