

MRI EVALUATION FOR KNEE

Patient: _____ Right Left

The following questionnaire is essential to help determine the best possible method in which to do your specific exam.

1. Briefly describe what made you go to see your doctor: _____

2. Describe how and when you injured your knee and the location of pain: _____

3. Please circle any of the following symptoms that have applied:

Pain/Difficulty Standing	Clicking/Grinding/Popping
Pain/Difficulty Bending	Locking
Pain/Difficulty Straightening	Burning
Pain/Aching at Rest	Numbness

4. Have you ever dislocated or broken bones in the knee? Y N

5. Have you ever had any surgery or arthroscopy to your knee? Y N

6. Have you ever been told you have arthritis? Y N

7. Are you currently taking any medication for this problem? _____

8. Have you had any cortisone injections? Y N When? _____

9. Have you had any other tests previously of this area? Y N

If so, what other tests:

X-Ray MRI CT Nuclear Med Ultrasound

Where and when were the previous studies done? _____

10. Do you have a follow-up appointment scheduled? Y N