TRI-CITIES OPEN MRI

KNEE EXAMINATION

Patient Name _____

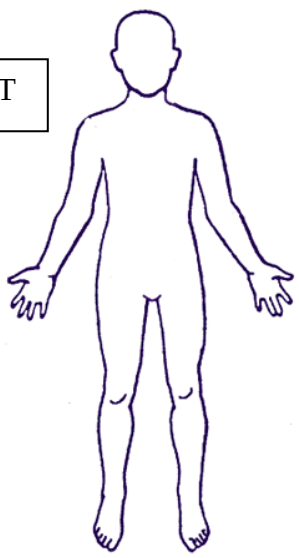
Patient Weight_____ Patient Height_____

Please circle: Left Knee or Right Knee

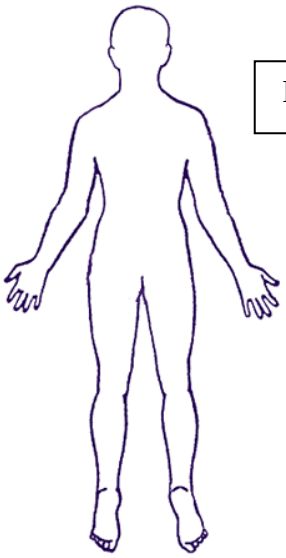
Please note type of symptoms you are having on the pictures below, using the following codes:

P=Pain **T**=Tingling **N**=Numbness **A**=All

FRONT



BACK



Have you had surgery, arthroscopy or other treatment on your knee(s)? If yes, when and where?

_____

How did this condition occur? _____

_____

When did this condition occur? _____

Does your knee(s) swell and/or give out? ___ Yes ___ No If yes, please circle.

Do you have popping, pain, catching or locking in your knee(s)? ___ Yes ___ No If yes, please circle.

Have you had x-rays, MRI or CT taken of the affected area in the last 5 years? If yes, when and where?

_____

Comments_____

_____

_____ _____

Patient (Parent/Guardian) Signature Date