Premier MRI 4U

M.R.I. KNEE QUESTIONNAIRE

Patient Name: _____ **Date:** _____

PLEASE ANSWER THE FOLLOWING QUESTIONS AS THEY WILL HELP THE RADIOLOGIST INTERPRET YOUR EXAMINATION.

1. Please tell us the reason your Doctor ordered this exam.

2. Have you ever had surgery to your knee? ☐ YES ☐ NO

   If "YES", what location? ☐ INNER KNEE ☐ OUTER KNEE ☐ BOTH

3. Do you have any of the following?

Locking	☐ OFTEN	☐ SOMETIMES	☐ NEVER
Clicking	☐ OFTEN	☐ SOMETIMES	☐ NEVER
Giving Way	☐ OFTEN	☐ SOMETIMES	☐ NEVER
Swelling	☐ OFTEN	☐ SOMETIMES	☐ NEVER

4. Do you experience your problems all the time or just certain times? Please explain:

5. Exactly where is your pain? (Front, back, outer, inner knee) Please describe:

Patient Signature: _____ Date: _____

If patient is a minor, then parent or legal guardian signature

SUBMIT