Advanced Imaging Newport Coast

PATIENT QUESTIONNAIRE

MRI KNEE

Please complete the following questions as best as you can

NAME : ____ **DATE :** __________________

Do you have :

Yes **No**

1. Pain

Inside (medial) ________ **Outside (lateral)** _________

Dull ______ **Sharp** _______ **Grinding** _______

2. Do you have swelling ?

3. Have you had surgery on this area ?

What was done ? ____________________________________

When ? ____

4. How long have you had this problem ? _______________

5. How did the problem occur ?

Accident **Lifting** **Fall**

Surgery **Illness** **Other** ________________

6. Do you have limited range of motion ?

7. Do you have weakness or instability ?