

1. What was your chief complaint when you visited your doctor?

2. What do you think caused the problem?

3. What does your doctor think is causing your knee problem? _____

4. Describe your pain (burning, sharp, etc.)

5. Have you ever dislocated your knee?

6. Do you have any weakness? _____ Where?

7. Have you had knee surgery or arthroscopy? _____ When?

What was done?

8. Have you ever broken any bones in your knee?

9. Do you have arthritis in any of your joints?

10. Do you have any other medical conditions? _____

11. Describe your general health

12. Have you had any previous knee. . .
MRI's? _____
When & Where _____
Cat Scans? _____
When & Where _____
X-Rays? _____
When & Where _____