

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?

5. Do you have any weakness? _____ Where? _____
6. Have you had knee surgery or arthroscopy? Y__N
When? _____
What was done? _____
7. Have you ever broken any bones in your knee? _____
8. Do you have arthritis in any of your joints?

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