

HAZLETON IMAGING

Date of Birth: _____

Referring Physician: _____

Knee MRI Questionnaire

1. Is the pain located at the inner or outer part of the knee

2. Is it behind the knee? Yes No

3. Is the knee cap painful? Yes No

4. Does the knee lock? Yes No

5. Does the knee swell? Yes No

6. How long have you had this problem?

7. Any prior history of knee surgery? Yes No

8. How did it occur? (e.g., accident, trauma, etc)

9. Please give a brief description of the incident

10. Any other imaging studies of the knee?

X-Ray Yes

CT Yes

MRI Yes

Performed at what facility? _____

Approximately what date? _____

I attest that the answers I have provided to questions on this form are correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.

Signature (Parent or Guardian)

Date Signed: _____