

Trinitas Diagnostic Imaging

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www.TrinitasDiagnosticImaging.com

Knee Questionnaire

If you're coming to our center for this test, print this page, fill out the form and bring it in with you on the day of your appointment.

FIRST NAME

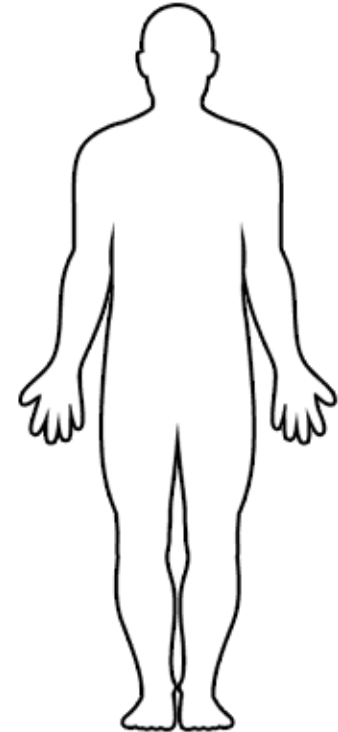
LAST NAME

AGE

WEIGHT

DATE

WHAT WAS YOUR CHIEF COMPLAINT WHEN YOU VISITED YOUR DOCTOR?



Please circle the portion of your body that is in pain.

WHICH KNEE IS AFFECTED? LEFT RIGHT

WHICH SIDE OF YOUR KNEE HURTS? INSIDE
 OUTSIDE
 FRONT
 BACK
 NO PAIN

WHAT DO YOU THINK CAUSED THE PROBLEM?

DOES YOUR KNEE LOCK? YES NO

HAVE YOU EVER HAD KNEE SURGERY? YES NO

DO YOU HAVE ANY OTHER MEDICAL CONDITIONS OR PROBLEMS?

DESCRIBE YOUR GENERAL HEALTH?

