



KNEE MRI QUESTIONNAIRE

RADIOLOGY

NAME: _____

DIAGNOSIS (What complaints or symptoms caused you to seek medical help?)

PLEASE CHECK EACH BOX THAT APPLIES TO YOU (AND ANSWER QUESTIONS):

How long have you had these symptoms? _____

Did they develop suddenly or gradually? Suddenly Gradually

Does your knee lock? Yes No

If yes, how and when? _____

Do you hear a click when walking? Yes No

Do you feel something move in your knee when walking? Yes No

Does your knee give? Yes No

If yes, how? _____

Have you had surgery on this knee? Yes No

Arthroscopic Surgery Yes No

Open Surgery Yes No

If yes, when? _____ Where? _____

Did you have Meniscectomy? Yes No

Did you have Ligament Repair? Yes No

If yes, which ligament? Cruciates Other _____

PRIOR STUDIES AND INTERVENTION:

Prior MRI (when?) _____ (where?) _____

X-Ray (when?) _____ (where?) _____