HAZLETON IMAGING

Date of Birth:
Referring Physician:

Knee MRI Questionnaire

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

☐ Yes  ☐ No

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: ________________________