KNEE MRI QUESTIONNAIRE

Work-related Injury		INJURY						
Sports Injury		Work-related Injury		Yes	No			
Date of Injury		Motor Vehicle Accider	nt	Yes	No			
Date of Injury Describe Injury Describe Injury								
SYMPTOMS Pain								
pain is located. Pain Front Back Outside Inside Swelling Immediate Gradual Fluid drained Any blood? Date Catching sensation True locking Giving way Weakness Difficulty extending knee fully Difficulty bending knee fully Mass Fever/chills How long have you had the above symptoms? History of medical disease (Parkinson's Disease, Arthritis, etc.) Please describe History of cancer (please indicate primary cancer) Please describe PREVIOUS STUDIES PERTAINING TO CURRENT PROBLEM X-Rays Yes No Where Date CT Scan Yes No Where Date MRI Scan Yes No Where Date Surgery/Arthroscopy Yes No Where Date Surgery/Arthroscopy Yes No Where Date What was done? (please specify)		Describe Injury						
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Fluid drained Any blood? Date				Outside		Inside		
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MRI Scan Yes No Where Date Surgery/Arthroscopy Yes No Where Date What was done? (please specify) *******************************		-		No	Where		Date	
Surgery/Arthroscopy Yes No Where								
What was done? (please specify)		MRI Scan	Yes	No	Where		Date	
**************************************		Surgery/Arthroscopy	Yes	No	Where		Date	
		What was done? (pleas	e specify	')				
Technologist Use: Technologist Date								
Contrast: cc of (type) injected into (a	Contrast:	cc of		(type) injected into				
Notes/Complications				(0) P(0) 22				_ (