

# PAIN SHEET

# KNEE EVALUATION

LAST NAME	FIRST	MIDDLE INIT.	AGE	TODAY'S DATE

**THESE QUESTIONS APPLY ONLY TO THE AREA BEING SCANNED TODAY.**

1. What was your chief complaint when you visited your doctor? \_\_\_\_\_  
\_\_\_\_\_
2. What do you think caused the problem? \_\_\_\_\_  
\_\_\_\_\_
3. What does your doctor think is causing your elbow problem? \_\_\_\_\_  
\_\_\_\_\_
4. Describe your pain: \_\_\_\_\_  
\_\_\_\_\_
  - a. Does anything make it worse? \_\_\_\_\_
  - b. Does anything make it better? \_\_\_\_\_
5. Do you have any weakness? \_\_\_\_\_ Where? \_\_\_\_\_  
\_\_\_\_\_
6. Have you had surgery or arthroscopy to the area being scanned today? \_\_\_\_\_ When? \_\_\_\_\_  
Where? \_\_\_\_\_  
What was done? \_\_\_\_\_
7. Have you ever broken any bones in your knee? \_\_\_\_\_
8. Have you ever dislocated your knee? \_\_\_\_\_
9. Do you have arthritis in any of your joints? \_\_\_\_\_
10. Do you have any other medical conditions? \_\_\_\_\_  
\_\_\_\_\_
11. Are you taking any medicines? \_\_\_\_\_ What kind? \_\_\_\_\_
12. Describe your general health: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_