

Patient Information Form (PIF) for Knee Symptoms

The following patient information forms are used for patients undergoing imaging of the knee.

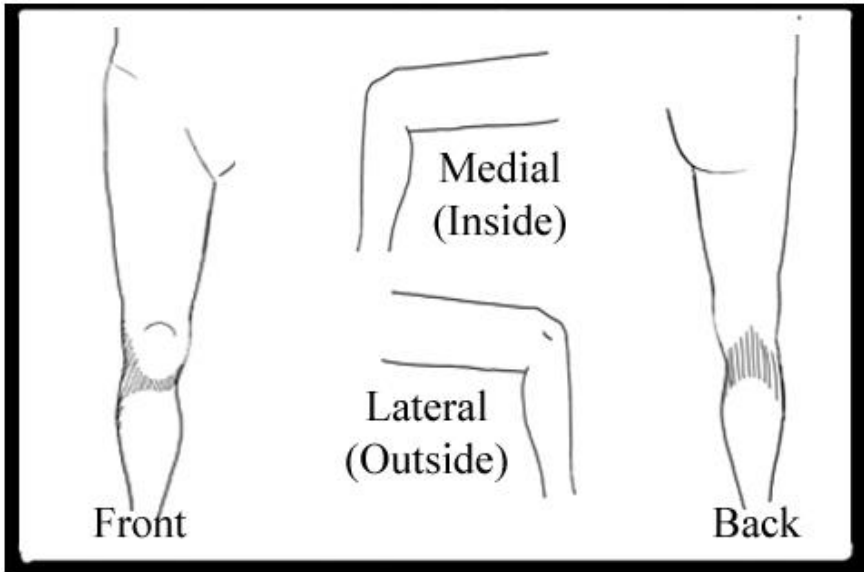
The forms, titled “Right Knee” and “Left Knee”, are used for radiographs, computed tomography (CT), and magnetic resonance imaging (MRI) examinations.



Patient Name: _____ Previous exam: _____
Date of birth: _____ Patient pregnant: YES NO
Medical Record #: _____ Patient breastfeeding: YES NO

Right Knee

Please mark the location of any pain:



How long have you had your symptoms?

Have you had prior surgery done on the knee? If so, please tell us the approximate date(s) and procedure(s):

If your pain is from an injury, please tell us the date of the injury describe what happened:

If your pain is not from an injury, please put a check if you have any of the following:

<input type="checkbox"/>	Back and leg pain with my knee pain.
<input type="checkbox"/>	Pain when I move my knee.
<input type="checkbox"/>	Pain which is worse with motion and relieved by rest.
<input type="checkbox"/>	Arthritis in multiple joints in my body.

Have you ever been diagnosed with cancer? YES NO

If yes, what type? _____

FOR TECHNOLOGIST USE ONLY (Fluoro time: ____ sec)

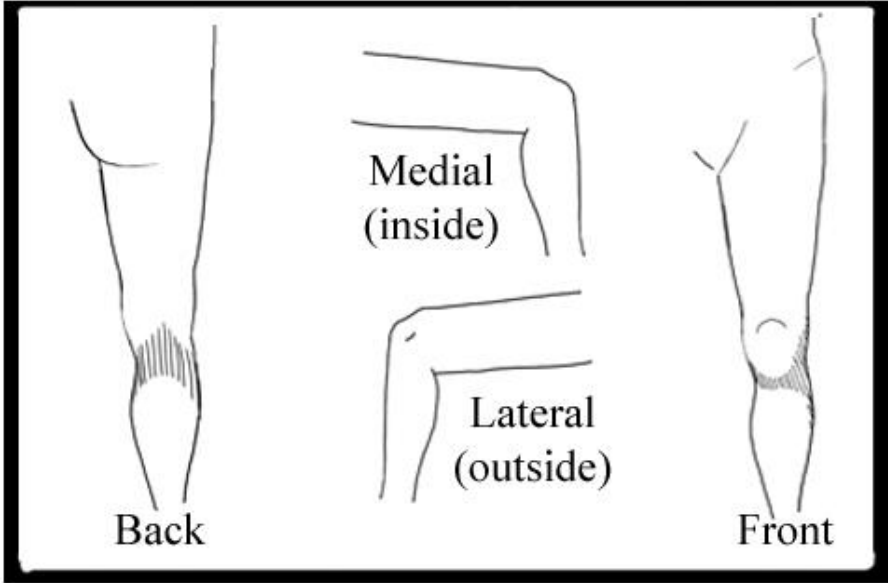
Call result?	No Yes	If "Yes", provider name/number:
Known follow-up appointment?	No Yes	If "Yes" indicate date/time and provider:
For CT and MR studies		
Was IV contrast injected?	No Yes	If "Yes": _____ mL of _____ (contrast type)
Hydration protocol?	No Yes	If "Yes", provide details:
Patient premedicated for contrast?	No Yes	If "Yes", provide details:
Abnormal response to contrast?	No Yes	If "Yes", provide details:



Patient Name: _____ Previous exam: _____
Date of birth: _____ Patient pregnant: YES NO
Medical Record #: _____ Patient breastfeeding: YES NO

Left Knee

Please mark the location of any pain:



How long have you had your symptoms?
Have you had prior surgery done on the knee? If so, please tell us the approximate date(s) and procedure(s):

If your pain is from an injury, please tell us the date of the injury describe what happened:

Table with 2 columns: Symptom description and check box. Rows include: Back and leg pain with my knee pain, Pain when I move my knee, Pain which is worse with motion and relieved by rest, Arthritis in multiple joints in my body.

Have you ever been diagnosed with cancer? YES NO
If yes, what type? _____

FOR TECHNOLOGIST USE ONLY (Fluoro time: ____ sec)

Table for technologist use with columns for question, No/Yes, and details. Rows include: Call result?, Known follow-up appointment?, Was IV contrast injected?, Hydration protocol?, Patient premedicated for contrast?, Abnormal response to contrast?.