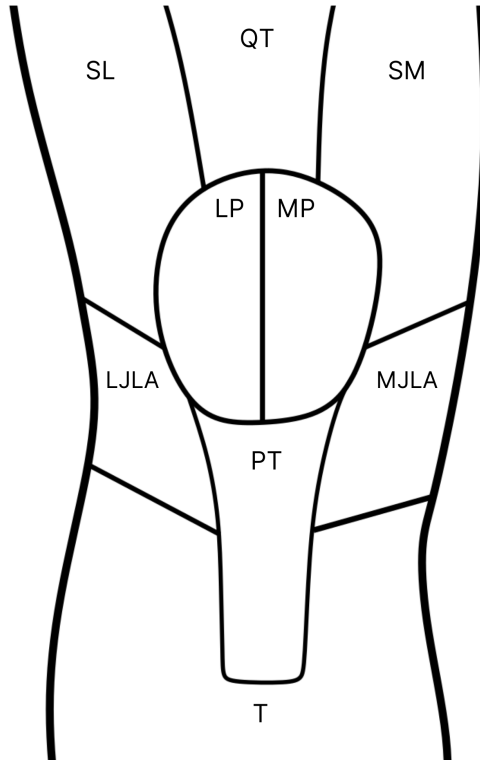


Knee Pain Location Chart

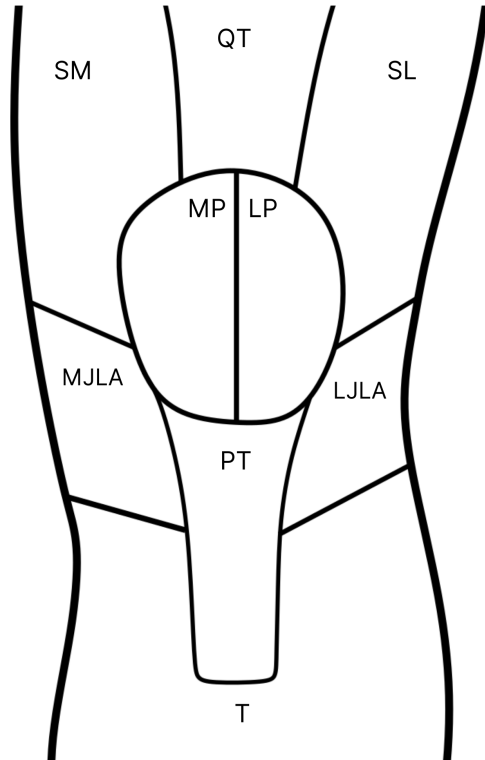
Patient Name: _____ Date of Birth: _____

Patient ID: _____ Date: _____

RIGHT KNEE



LEFT KNEE



☐ Do you have pain behind your right knee?

☐ Do you have pain behind your left knee?

Notes

Provider Name: _____ Designation: _____

Signature _____