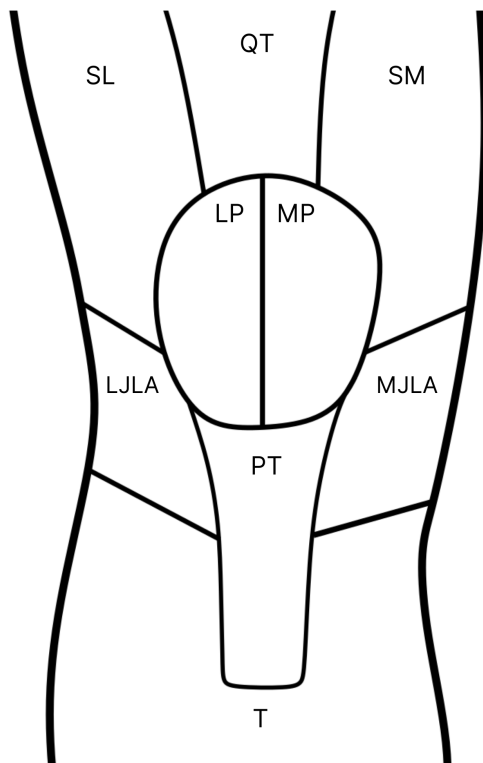


Knee Injury Knee Pain Location Chart

Patient Name: _____ Date of Birth: _____

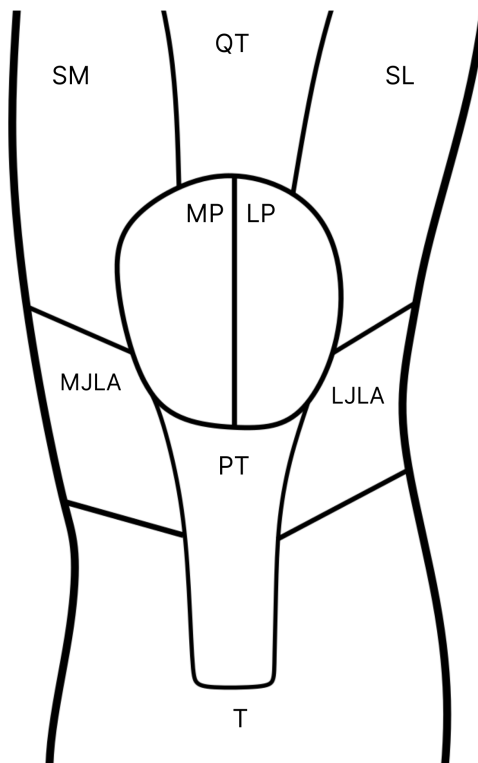
Patient ID: _____ Date: _____

RIGHT KNEE



☐ Do you have pain in your right knee?

LEFT KNEE



☐ Do you have pain in your left knee?

Notes

Provider Name: _____ Designation: _____

Signature _____