

# Ankle Injury Diagnosis Chart

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Referring physician's name: \_\_\_\_\_

**Instructions:** Fill in the boxes with the next step to formulate a diagnosis.



↙  
**Yes**

↘  
**No**



**Notes:**