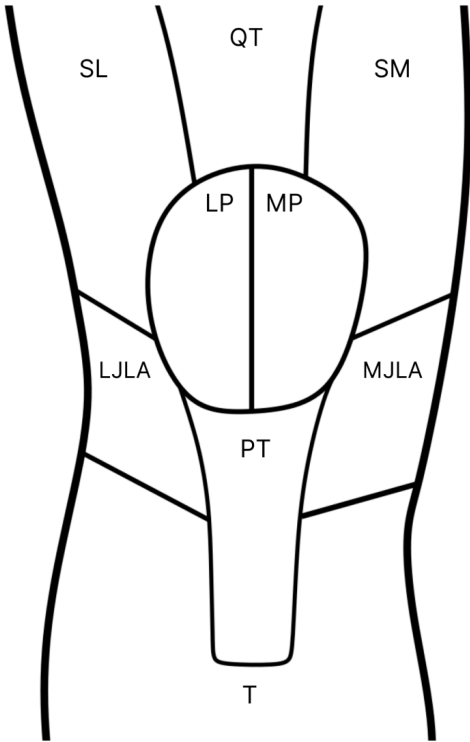
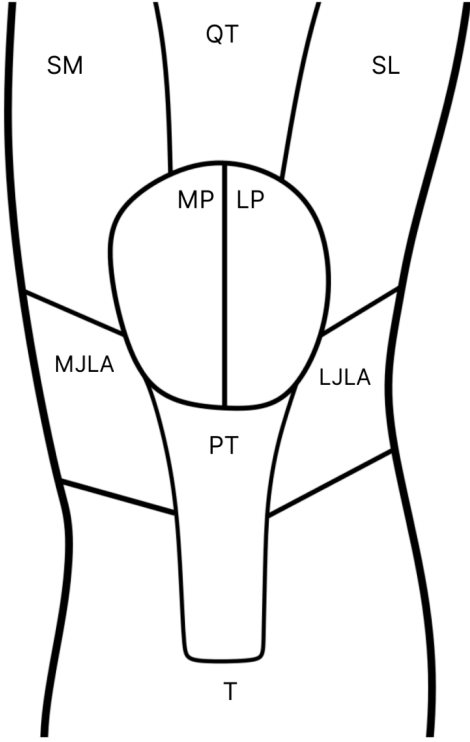


Inner Knee Pain Location Chart

Patient name: _____ Date of birth: _____

Patient ID: _____ Date: _____

Right knee	Left knee
	
<input type="checkbox"/> Do you have pain behind your right knee?	<input type="checkbox"/> Do you have pain behind your left knee?
<p>Use a pen or highlighter to mark the exact spot of your knee pain on the chart.</p>	
<p>Notes</p>	

Name: _____ Designation: _____

Signature: _____