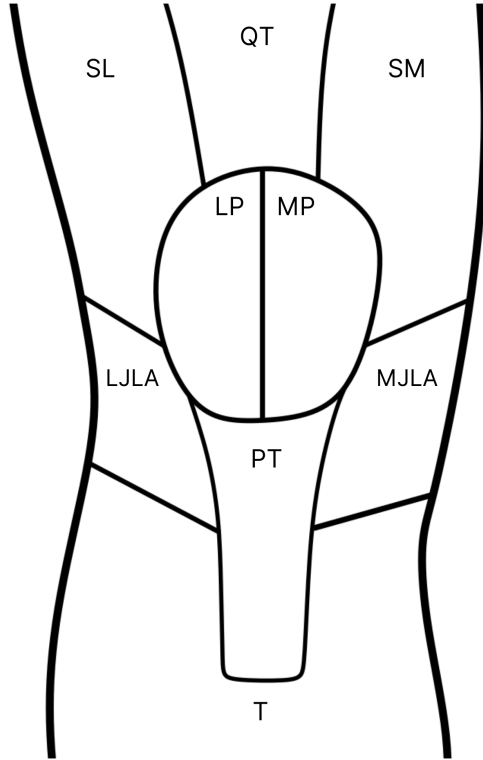


# Knee Pain Location Chart

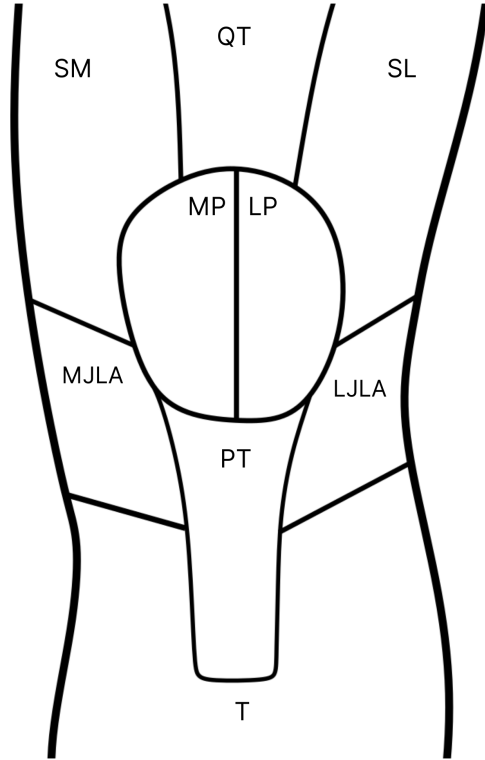
Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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 \_\_\_\_\_