PHYSICIAN CONSULT CHECKLIST

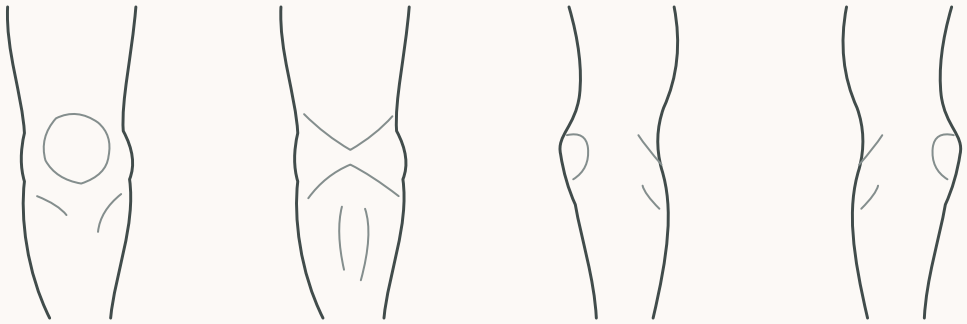
# MCL injury

Name _____ Visit date _____

## Mark where you feel it

Side (left, right, or both) _____

Write a letter where you feel each symptom. Use more than one letter if needed.




N Numbness  P Pins & Needles  B Burning / Aching  S Stabbing

## What I want my physician to know

Describe any hit to the outer knee and what side-to-side movements now feel difficult.

**I used to be able to… Now I struggle with…**

_____

**It started… It feels better or worse when…**

_____

**I've tried… It helped for…**

_____

**The main thing I want to decide or do is…**

_____

## What to bring or send

Bring the injury note and any instructions for the brace you were given.

- ☐ Prior images and written reports, if available
- ☐ Checked the scan date, body area and side
- ☐ Confirmed the office can open the image files
- ☐ Relevant visit and therapy notes, medication and allergy list

**Image date, type and where it was done**

_____

**What I still need to request or confirm**

_____

## Questions to ask

- ☐ How will you check stability along the inside of my knee?
- ☐ What would indicate that my daily walking or work activity can change?
- ☐ If I have prior images, would they help answer today's question? Would another test change the plan?

**What will I do next, and when will we check in?**

_____

**One small improvement I want to notice**

_____

**Notes from my visit**

_____

_____