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**KNEE FOLLOWUP VISIT**

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Body Weight: \_\_\_\_\_ BMI: \_\_\_\_\_

Update knee problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatments/ outcome since last visit: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any Changes in health status (including medications, hospitalizations, and/or surgeries):

\_\_\_\_\_  
\_\_\_\_\_

Patient Signature: \_\_\_\_\_