MD IMAGING

MRI - EXTREMITY (NON-JOINT) QUESTIONNAIRE

NAME_____

DATE_____ DATE OF BIRTH_____

What problem are you having that your doctor ordered an MRI? _____

_____

What caused the problem?

_____

_____

	Yes	No	
Do you have pain?	___	___	Where? _____
Do you have a mass?	___	___	Where? _____
Do you or did you have cancer	___	___	Where? _____
Do you have:			
Osteoarthritis	___	___	
Rheumatoid	___	___	
Lupus	___	___	
Sickle Cell Anemia	___	___	

Are you taking steroid medication? _____

Have you had surgery on this area? _____

If yes, when and what did they do? _____

_____

How long have you had the pain? _____

What were you doing when the pain started_____

Describe your general health_____

Have you have any previous tests for this problem? (when and where)

MRI_____ CT_____ XRAY_____