MUSCULOSKELETAL MRI QUESTIONNAIRE

NAME_____

DATE_____ DATE OF BIRTH_____

What joint/area are we scanning today? _____ Right _____ Left_____

Do you have pain? Yes _____ No _____

Where is your pain? _____

How long have you had the pain? _____

What were you doing when the pain started? _____

Do you have:

Locking?	Yes _____	No _____
Joint give out?	Yes _____	No _____
Poor range of motion?	Yes _____	No _____
Other symptoms?	Yes _____	No _____

If yes, explain_____

Have you had arthroscopy or surgery in the area we are scanning? ___Yes __No

If yes, what did they do?_____

_____

Do you have any other medical conditions that may be related to your problem?

Have you had any other previous tests for this problem? (Where / When?)

MRI_____

CT_____

XRAY_____