

# Patient Questionnaire For MRI

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Why is your doctor ordering this exam? \_\_\_\_\_

What are your symptoms and where are they located? \_\_\_\_\_

Do you have a mass or lump?  Yes  No If yes, where? \_\_\_\_\_

Have you had an injury?  Yes  No If yes, what type of injury, and when did it happen? \_\_\_\_\_

Do you have arthritis?  Yes  No If yes, what type of arthritis? \_\_\_\_\_

Do you have joint pain elsewhere?  Yes  No If yes, where? \_\_\_\_\_

Does your joint lock or have decreased range of motion?  Yes  No

Do you have diabetes?  Yes  No

Have you ever been on steroids?  Yes  No

Have you ever had surgery in this joint?  Yes  No If yes, when? \_\_\_\_\_ What was done? \_\_\_\_\_

Have you had prior studies of this area?  Yes  No If yes, indicate below when and where:

X-rays \_\_\_\_\_

CT Scans \_\_\_\_\_

MRI Scans \_\_\_\_\_

Bone Scans \_\_\_\_\_

## Area of Concern

### SHOULDER

My doctor thinks I have a:

Dislocation/subluxation  Yes  No  I don't know

Labral tear or instability  Yes  No  I don't know

Rotator cuff tear  Yes  No  I don't know

Impingement  Yes  No  I don't know

### ELBOW

My doctor thinks I have:

"Tennis Elbow"  Yes  No  I don't know

Ulnar nerve problem  Yes  No  I don't know

Biceps tendon problem  Yes  No  I don't know

Are you a throwing athlete?  Yes  No

### WRIST

My doctor thinks I have:

Carpal tunnel syndrome  Yes  No  I don't know

Ligament or tendon tear  Yes  No  I don't know

Ganglion cyst  Yes  No  I don't know

### HIP

My doctor thinks I have:

Avascular necrosis  Yes  No  I don't know

Labral tear  Yes  No  I don't know

### KNEE

My doctor thinks I have a:

Meniscal tear  Yes  No  I don't know

Ligament tear  Yes  No  I don't know

### FOOT/ANKLE

Do you have:

Poor circulation  Yes  No  I don't know

Achilles problem  Yes  No  I don't know

Plantar fasciitis  Yes  No  I don't know

Skin ulcers  Yes  No  I don't know

Mark location of skin ulcers on drawing:

