## **Patient Questionnaire For MRI**



Name:			Da	ite:			
Why is your doctor orde	ring this exam?						
What are your symptom	s and where are the	y located?					
			If yes, where?				
			If yes, wha	hat type of arthritis?			
			If yes, whe	res, where?			
Does your joint lock or		nge of motion?	?  Yes	No			
Do you have diabetes?		-					
Have you ever been on							
				n? Wh			
				cate below when and where			
				T Scans			
MRI Scans Bone				one Scans		_	
			Area o	f Concern			
☐ SHOULDER				□ нір			
My doctor thinks I have a:				My doctor thinks I have:			
Dislocation/subluxation	☐ Yes ☐ No	🔲 I don't k	now	Avascular necrosis	☐ Yes ☐ No	☐ I don't know	
abral tear or instability	☐ Yes ☐ No	☐ I don't k	now	Labral tear	☐ Yes ☐ No	☐ I don't know	
Rotator cuff tear	Yes No	☐ I don't k		☐ KNEE			
mpingement	Yes No		now	My doctor thinks I have a			
⊒ ELBOW				Meniscal tear	Yes No	☐ I don't know	
My doctor thinks I have:				Ligament tear	Yes No	☐ I don't know	
'Tennis Elbow"	Yes No	☐ I don't k	now	-			
Jinar nerve problem	Yes No	☐ I don't k		☐ FOOT/ANKLE			
Biceps tendon problem	☐ Yes ☐ No	☐ I don't k	now	Do you have:		_	
Are you a throwing athlete?				Poor circulation	Yes No	☐ I don't know	
				Achilles problem	Yes No	☐ I don't know	
☐ WRIST				Plantar fasciitis	Yes No	☐ I don't know	
My doctor thinks I have:				Skin ulcers	Yes No	☐ I don't know	
Carpal tunnel syndrome	ome 🔲 Yes 🔲 No 🔲 I don't know			Mark locati	ion of skin ulcers on	drawing:	
igament or tendon tear	or tendon tear						
Ganglion cyst	Yes No	☐ I don't k	know				