

MRI QUESTIONNAIRE (EXTREMITY)

NAME: _____ D.O.B: ___/___/___ AGE: ___ SEX: M/ F
(Last) (First)
WT: ___ lbs HT: ___ ft. ___ in REFERRING PHYSICIAN: _____

- Please provide a summary of your symptoms specific to your exam today? _____

- Does your condition involve which side of your body (circle one?) RIGHT LEFT BOTH SIDES
- Are you experiencing any pain? YES NO If Yes, Circle one: Severe Moderate Mild
- Did symptoms/condition arise suddenly? YES NO
- How long have you been treated for this problem? _____
- What is/was the cause of the problem? Accident Motor Vehicle Fall Work-Related Injury (Complete injury form)
- Do you have (please circle, if applicable):
Swelling Bruising Inflammation Contusion Sprain Open wound
- Did any existing disease/condition attributing to this current symptom/condition? _____
- Do you have a history of cancer? YES NO When? _____ Type _____
- Have you been treated with either Radiation or Chemotherapy? (If yes, circle) Date Started _____ Completed _____
- Any surgery on area to be imaged? YES NO If Yes, when and what type? _____
- Have you ever had arthroscopy on the area being scanned? YES NO If Yes, explain results _____
- Have you had an injection of the area being scanned? YES NO Date: _____ Type: _____
- Any other medical or family history pertaining to your exam being performed today? _____
- Have you ever had a X-ray, MRI, CT Scan, Ultrasound or any other imaging studies done of the area being scanned?
YES NO If yes, what test/what area? _____
Where was the study preformed? _____
- Are you pregnant or possibly pregnant? YES NO
- Have you ever had a reaction to MRI contrast? YES NO
If yes, what type reaction? _____

I acknowledge that all the information given is accurate and thereby consent to have Magnetic Resonance Imaging with or without an injection of contrast performed on me. I do not have a pacemaker. I have removed all hearing aids, dentures, any external pumps and monitoring devices.

Patient's Signature Date: ___/___/___ Technologist Initials: _____

Tech notes: _____

