

1. What was your chief complaint when you visited your doctor? \_\_\_\_\_  
\_\_\_\_\_
2. What do you think caused the problem? \_\_\_\_\_  
\_\_\_\_\_
3. What does your doctor think caused the problem? \_\_\_\_\_  
\_\_\_\_\_
4. Describe your pain. (burning, sharp, etc.) \_\_\_\_\_
- 5.a. Does anything make it worse? \_\_\_\_\_
- b. Does anything make it better? \_\_\_\_\_
- c. How long has it bothering you? \_\_\_\_\_
- d. Did the symptoms come on gradually or suddenly? \_\_\_\_\_
6. Do you have any weakness? \_\_\_\_\_ Where? \_\_\_\_\_
- 7.a. Have you had any surgery on the body part we will be imaging? \_\_\_\_\_
- b. If yes; Where was the surgery performed and when? \_\_\_\_\_
- c. What was done? \_\_\_\_\_
8. Have you ever broken any bones of the body part we will be imaging? \_\_\_\_\_
9. Do you have arthritis in any of your joints? \_\_\_\_\_
10. Do you have any other medical conditions? \_\_\_\_\_
11. Describe your health. \_\_\_\_\_
12. Have you had a previous MRI of the body part we will be imaging? \_\_\_\_\_  
If yes; when and where was it performed? \_\_\_\_\_
13. Have you had a CT of the body part we will be imaging? \_\_\_\_\_  
If yes; when and where was it performed? \_\_\_\_\_
14. Have you had any X-rays of the body part we will be imaging? \_\_\_\_\_  
If yes; when and where was it performed? \_\_\_\_\_