

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? _____