

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. Have you had any prior:
 MRI's _____
 When/where _____
 CT's _____
 When/where _____
 X-Ray's _____
 When/where _____