

# MRI Screening - Spine and Joints

Patient Name: -  
MRN: -  
Study Name: -

Examination Date: -  
Appointment ID: -

## MRI Patient Screening Form for Spine and Joints



Body part affected:

Symptoms:

Exact location of symptoms  
relative to body part affected:

How long has the patient  
had the symptoms:

Has there been a prior  
injury to this site?

Has there been  
previous surgery? If  
YES Please explain  
in box provided

Is there a history of  
Cancer and if yes  
where?