QUESTIONNAIRE

Briefly describe the symptoms you are having that apply to the scan you are having today

How long have you had these symptoms?_____

Did your symptoms arise as a result of an injury?_____

Have you had physical therapy for this problem?_____If yes, when _____

PLEASE COMPLETE ONLY THOSE QUESTIONS THAT RELATE TO THE MRI YOU ARE HAVING TODAY.

BRAIN	SPINE: CERVICAL/THORACIC/LUMBAR	
☐ Headaches	☐ Pain in:	Left Right Arm Leg
☐ Seizures	☐ Weakness in:	Left Right Arm Leg
☐ Weakness	☐ Numbness in:	Left Right Arm Leg
☐ Difficulty Walking	☐ Tingling in:	Left Right Arm Leg
☐ Difficulty Thinking	☐ Pain Quality	Dull Sharp
☐ Difficulty Talking	☐ Back Pain	Upper / Mid / Low
☐ Dizziness	☐ Neck Pain	
☐ Hearing Problems		
☐ Visual Changes		

SHOULDER/ELBOW/WRIST	HIP/KNEE/ANKLE/ FOOT
☐ Pain	☐ Pain
☐ Swelling	☐ Swelling
☐ Locking	☐ Locking
☐ Clicking	☐ Clicking
☐ Decreased mobility	☐ Decreased mobility
	☐ Buckling