O P E N
ADVANTAGE
M R I
We scan with compassion

MRI Patient Clinical History
Musculoskeletal

Name: ______________________________ Date: ______________

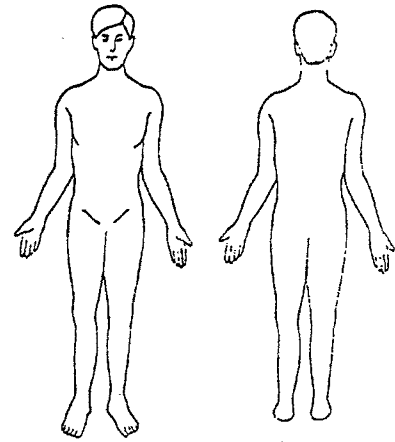
Please indicate if these symptoms are the result of the following:

Auto Accident ( )   Injury ( )   Illness ( )

When did your symptoms start or accident happen: ______________________________

Please answer all questions that pertain to today's examination.

YES	NO	Do you experience or have the following?		
( )	( )	Shoulder Pain	Right	Left
( )	( )	Arm Pain	Right	Left
( )	( )	Elbow Pain	Right	Left
( )	( )	Wrist / Hand Pain	Right	Left
( )	( )	Hip Pain	Right	Left
( )	( )	Leg Pain	Right	Left
( )	( )	Knee Pain	Right	Left
( )	( )	Ankle / Foot Pain	Right	Left
( )	( )	Swelling, mass or lump in this area		
( )	( )	Stiffness of joint		
( )	( )	Cracking or Popping of joint		
( )	( )	Decrease in range of movement		
( )	( )	History of dislocations		



Other symptoms or complaints: ______________________________

( ) ( ) Previous surgery to this body location

Procedure: ______________________ When? ______________

( ) ( ) Have you had any prior Xrays, CT Scan, Ultrasound or Nuclear Medicine exams for this area?

Where: ______________________________

( ) ( ) Have you had cancer? Type: ______________________________

What was done?   Surgery   Chemotherapy   Radiation Therapy

Date of Surgery: ______________ Date of therapy: ______________