

MSK MRI Questionnaire

Please answer the following questions. The added information will allow us to better interpret your MRI. Thank you.

Questionnaire completed by (if NOT person being scanned, include your relationship): _____

What is the reason for the MRI? _____

Do you have pain? (*please circle*) Yes No

If Yes, for how long? What makes it better or worse? _____

Did you have an injury? (*please circle*) Yes No

If Yes, please describe in as much detail as possible including when the injury occurred. _____

Is there a lump? (*please circle*) Yes No

If your MRI is for the foot or ankle, is there an ulcer? (*please circle*) Yes No

If Yes to either, please describe where. _____

Have you ever had a procedure or surgery on the area being scanned? (*please circle*) Yes No

Any previous imaging (i.e. Xrays, CT Scan, MRI) on the area being scanned? (*please circle*) Yes No

If Yes to either, please list in the table below.

Description of Surgery or Imaging	Location	Date