

Premier MRI 4U
M.R.I. EXTREMITY QUESTIONNAIRE

Patient Name: _____ Date: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS AS THEY WILL HELP THE RADIOLOGIST INTERPRET YOUR EXAMINATION.

1. Please describe the problems you are having?
2. If you are having pain, where is it located?
3. How long have you had this pain? _____
4. Have you had any previous surgeries in relation to your current problem? YES NO
If "YES", When _____ Where _____
5. Have you ever had cancer or a tumor? YES NO
If "YES", what kind? _____
6. Are you currently undergoing radiation therapy? YES NO
If "YES", what part of your body? _____

Patient signature: _____ Date: _____
If patient is a minor, then parent or legal guardian signature