

**Premier MRI 4U**  
**M.R.I. SHOULDER QUESTIONNAIRE**

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

1. Please explain the reason your doctor ordered this exam on your shoulder:

2. How much can you raise your arm away from the SIDE of your body?

Very Little

About half way

All the way

3. What movements cause you pain in your shoulder? Please explain:

4. Have you had surgery on your shoulder?

YES

NO

If "YES", what year? \_\_\_\_\_

5. Do you have any OTHER medical problems which might be related to this test?

YES

NO

6. Exactly where is your pain, please explain:

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If patient is a minor, then parent or legal guardian signature