



ANKLE / FOOT MRI QUESTIONNAIRE

RADIOLOGY

NAME: _____

DIAGNOSIS (What complaints or symptoms caused you to seek medical help?)

PLEASE CHECK EACH BOX THAT APPLIES TO YOU (AND ANSWER QUESTIONS):

How long have you had these symptoms? _____

Did they develop suddenly or gradually? Suddenly Gradually

Do you hear a click in your ankle? Yes No

Do you have pain when walking? Yes No

Do you have pain when jumping? Yes No

Do you have pain when twisting your foot inward? Yes No

Do you have pain when twisting your foot outward? Yes No

Do you participate in any sports? Yes No

If yes, specify which one and to what level _____

PRIOR STUDIES AND INTERVENTION:

Prior MRI (when?) _____ (where?) _____

X-Ray (when?) _____ (where?) _____

Surgery (when?) _____ (where?) _____