



# MUSCULOSKELETAL MRI QUESTIONNAIRE

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 have pain in and around joints?       Yes       No

If yes, specify which joints? \_\_\_\_\_

\_\_\_\_\_

Do you have a lump?       Yes       No

If yes, where? \_\_\_\_\_

\_\_\_\_\_

**PRIOR STUDIES AND INTERVENTION:**

Prior MRI (when?) \_\_\_\_\_ (where?) \_\_\_\_\_

X-Ray (when?) \_\_\_\_\_ (where?) \_\_\_\_\_

Surgery (when?) \_\_\_\_\_ (where?) \_\_\_\_\_