



WRIST 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

Did you have an injury to your wrist? Yes No

If yes, how and when? _____

Do you feel a snap when moving the wrist? Yes No

Do you hear a click in the wrist? Yes No

Describe the one particular movement of the wrist which makes your complaints worse

Did you have this wrist in a cast? Yes No

If yes, when? _____

Do you participate sports Yes No

If yes, specify which one and level of participation _____

PRIOR STUDIES AND INTERVENTION:

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

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

Surgery (when?) _____ (where?) _____