

NEXT GENERATION RADIOLOGY

EVALUATION FOR AN EXTREMITY INJURY

Name _____
Last First Middle Initial

Age _____ Date _____

1. What was your chief complaint when you visited your doctor? _____

2. What does your doctor think caused your problem? _____

3. If you have any pain, instability or weakness of this extremity please describe in severity and location. _____

4. Do you take any pills or medication for your extremity problem? _____

If so, what kind? _____

5. Have you ever broken any bones in this extremity? _____

6. Have you had previous surgery or arthroscopy on this extremity? _____

If yes, when was it done and what type of surgery was performed? _____

7. Have you had a prior MRI or CT study of this extremity? _____ If yes, where and when surgery was performed? _____

8. Do you have any other medical problems? _____

9. Do you take any medications for these problems? _____
If yes, what kind? _____

Female patients: Is there a chance you may be pregnant? _____

Patient Signature _____