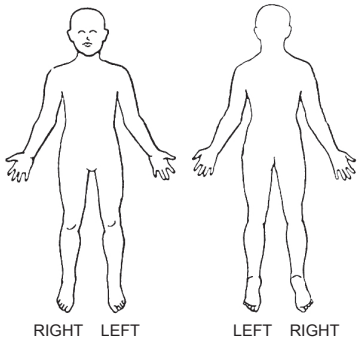
RADIA®

MRI/CT/XRAY MUSCULOSKELETAL AND SPINE QUESTIONNAIRE

Please help us make an accurate diagnosis by answering the following questions:

What is your current weight? _____ (lbs/kgs) What is your height? _____

Why did your doctor order this exam?_____



❑ Yes ❑ No Are you currently having symptoms?

If yes, what are they? _____

If yes, for how long? _____

Please mark location of your symptoms on the diagram. →

❑ Yes ❑ No Do you currently have pain? If yes, for how long? _____

❑ Yes ❑ No Does your pain radiate?

Where: _____

❑ Yes ❑ No Have you had an injury or trauma to the area we are scanning today?

When: _____ Describe the injury: _____

❑ Yes ❑ No Have you had any surgeries on the area of your body we are scanning today?

When: _____ Describe surgery: _____

❑ Yes ❑ No Have you ever had cancer? When: _____ Type: _____

❑ Yes ❑ No Do you have osteoporosis?

❑ Yes ❑ No Have you taken any medications on a long term basis?

If yes, list medications: _____

❑ Yes ❑ No Have you had past imaging studies of the area of your body we are scanning today?

Type of imaging study: _____ When: _____ Name of facility: _____

Type of imaging study: _____ When: _____ Name of facility: _____

Other medical history we should know about? _____

_____

For female patients:

❑ Yes ❑ No Are you pregnant? Date of last menstrual period: _____

❑ Yes ❑ No Are you breast feeding?

❑ Yes ❑ No Are you post-menopausal?

Signature of patient: _____ Date: _____

Name of person filling out this form, if other than the patient (please print): _____

Relationship to patient (please print): _____

Technologist Initials: _____

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