

FOOT/LEG/ANKLE MRI QUESTIONNAIRE

Please indicate below where pain is located.



PATIENT WEIGHT _____ **PATIENT HEIGHT** _____

INJURY

Work-related Injury _____ Yes _____ No
 Motor Vehicle Accident _____ Yes _____ No
 Sports Injury _____ Yes _____ No
 Date of Injury _____
 Describe Injury _____

SYMPTOMS

_____ Pain _____ Swelling _____ Bruising _____ Stiffness _____ Feels best in A.M. _____ Feels worst in A.M. _____ Feels worst in P.M. _____ Feels better after warming up _____ Decreased strength (describe) _____ Numbing/shooting or burning sensation _____ Pain with weight bearing _____ Pain with specific activity (describe) _____ Mass _____ Fever/chills _____ How long have you had the above symptoms? _____ History of medical disease (Parkinson's Disease, Arthritis, etc.) Please describe _____ _____ History of cancer (please indicate primary cancer) Please describe _____	Foot _____ Top of Foot _____ Bottom of Foot _____ Inside Foot _____ Outside Foot	Leg _____ Front _____ Back _____ Inside _____ Outside	Ankle _____ Outside Heel _____ Central Heel _____ Inside Heel
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PREVIOUS STUDIES PERTAINING TO CURRENT PROBLEM

X-Rays	Yes	No	Where _____	Date _____
CT Scan	Yes	No	Where _____	Date _____
MRI Scan	Yes	No	Where _____	Date _____
Surgery/Arthroscopy				
	Yes	No	Where _____	Date _____

What was done? (please specify) _____

Technologist Use: **Technologist** _____ **Date** _____
Contrast: _____ cc of _____ (type) injected into _____ (area).

Notes/Complications
