

# SOFT TISSUE MRI QUESTIONNAIRE

PATIENT WEIGHT \_\_\_\_\_ PATIENT HEIGHT \_\_\_\_\_

**TRAUMA**

\_\_\_\_ Yes      \_\_\_\_ No      Date of Injury \_\_\_\_\_

Describe Injury \_\_\_\_\_

Describe Symptoms \_\_\_\_\_

Please indicate below where pain is located.

**SYMPTOMS**

	Yes	No
Do you have a palpable lump or mass?	_____	_____
Do you have pain in the area?	_____	_____
Do you have numbness or tingling in the area?	_____	_____
Do you have redness, bruising or discoloration?	_____	_____
Do you have swelling?	_____	_____
Do you have inflammation containing pus?	_____	_____
Do you have a history of cysts?	_____	_____
Please describe _____		
Do you have a lipoma (fatty lesion)?	_____	_____
Please describe _____		
When did you first notice the mass? _____		
Has the area changed in size? (please describe) _____		
Have you had surgery on the area?	_____	_____
What was done? (please specify) _____		
____ History of cancer (please indicate primary cancer)		
Please describe _____		

**PREVIOUS STUDIES PERTAINING TO CURRENT PROBLEM**

X-Rays	Yes	No	Where _____	Date _____
CT Scan	Yes	No	Where _____	Date _____
MRI Scan	Yes	No	Where _____	Date _____

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**Technologist Use:**      **Technologist** \_\_\_\_\_      **Date** \_\_\_\_\_

**Contrast:** \_\_\_\_\_ cc of \_\_\_\_\_ (type) injected into \_\_\_\_\_ (area).

**Notes/Complications** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

