Parkwood Open Imaging

EXTREMITY HISTORY

Did you have an injury? If so, what kind (auto, work comp etc.)

_____

When did the injury occur?_____

What are your major complaints of pain?_____

Are you allergic to any medications? Please list._____

Do you have any medical conditions? (ex: diabetes, high blood pressure etc.)

_____

Please list any surgeries you have had in your lifetime.

_____

Have you had surgery in the area to be scanned? Yes___No___ When?_____

Type: Arthroscopy(Open Incision)_____

Type: Arthroscopy (Through small holes)_____

Have you had any of the following studies? X-Ray_____CT_____MRI_____

Where_____When_____

Results_____

_____

Technologist Documentation

Justify frequency of MRI scan:_____ Contrast Amount:_____

Technologist signature:_____ Date:_____