CT/MRI MUSCULOSKELETAL QUESTIONNAIRE

1. When is your next appointment with your referring physician?
   - Today
   - Tomorrow
   - Don’t Know
   - Don’t Know Date
   
   **Attention:** If patient’s next appointment is today or the following day, please notify MSK Radiologist ASAP.

2. Area to be scanned:
   - Right
   - Left
   - Ankle
   - Elbow
   - Hip
   - Knee
   - Shoulder
   - Wrist
   - Other specify: ______________________________

3. What is your main symptom? *(Pain, limited movement, etc.)*
   
   How long has this been a problem? ______________________________
   
   Is the problem related to an injury?  
   - Yes
   - No
   - Unknown
   
   If yes, what type of injury? ______________________________
   
   Is this a sports injury?  
   - Yes
   - No
   - Unknown
   
   If yes, which sport? ______________________________

4. Have you had surgery in this part of your body?  
   - Yes
   - No
   
   If yes, when? ______________________________
   
   Type of surgery: ______________________________
   
   Facility performed: ______________________________
   
   Have you had any other surgeries? ______________________________

5. Do you have any medical problems such as diabetes, arthritis, gout or kidney disease? Please list all: ______________________________

6. Please indicate previous imaging studies of this part of your body:  
   - No
   - Yes
   - Date ______________________________
   - Facility ______________________________
   - Radiographs (X-Ray)
   - Arthrogram
   - CT Scan
   - MRI
   - Radioisotope Bone Scan
   - Other (specify) ______________________________

---

Patient's Name *(print)* ______________________________
Signature ______________________________ Date ______________________________ Time ______________________________

Staff Name / Title ______________________________
Signature ______________________________ Date ______________________________ Time ______________________________