1. When is your next appointment with your referring physician?
   - Today
   - Tomorrow
   - No appt.
   - Unknown
   - Other: Next Appt. Date: _______________________
   
   **Attention:** If patient’s next appointment is today or the following day, please notify MSK Radiologist ASAP.

2. What is your main symptom/problem?
   - Mass/Lump
   - Limited Movement
   - Pain
   - Injury
   
   Other: specify symptom(s):

3. Specify anatomical location of interest:
   - Right
   - Left
   - Foot
   - Ankle
   - Elbow
   - Hip
   - Knee
   - Shoulder
   - Hand
   - Wrist
   
   Other specify:

4. How did this begin?
   - Injury: Where did the injury occur?
   - How did the injury occur?
   - Sports: Specify sport and explain injury in detail:
   - Accident/Trauma: Explain the injury in detail:
   - Other: Explain how symptom(s) began:

5. When did the symptom(s) begin?

6. Has this injury/symptom been treated before?
   - No
   - Unknown
   - Yes: With or Without Surgery? Circle One
     - Without surgery: Explain type of treatment:
     - With surgery:
       - Type of surgery: _______________________
       - When: _______________________
       - Facility: _______________________
       - Other related surgeries?

7. The patient has had prior imaging related to this injury/symptom:
   - No
   - Yes: Date __________ Facility __________
   - Radiographs (X-Ray)
   - CT Scan
   - MRI
   - Arthrogram

8. Do you have any other medical problems?
   - Arthritis
   - Cancer
   - Diabetes
   - Gout
   - Other: specify _______________________

9. Additional comments to report/mention to the radiologist?
   - Yes: Additional Comments: _______________________
   - No

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**NAME OF PATIENT (please print):** __________________________

**SIGNATURE OF PATIENT:** __________________________

**DATE:** __________ **TIME:** __________

**NAME OF TECHNOLOGIST (please print):** __________________________

**SIGNATURE OF TECHNOLOGIST:** __________________________

**DATE:** __________ **TIME:** __________