1. Please tell us why you are having this study today? (check all that apply)
   - ☐ Body Pain  Location: __________________     Duration: ________________
   - ☐ Recent Injury
   - ☐ Arthritis
   - ☐ Cancer Type: ________________________________
   - ☐ Painful or Loose Joint Replacement
   - ☐ Other _________________________________

2. Have you ever had a bone or joint infection?  ☐ Yes  ☐ No

3. Do you have osteoporosis?  ☐ Yes  ☐ No

4. If this test is being done for cancer:
   - Have you had radiation therapy?  ☐ Yes  ☐ No
   - Have you had any recent chemotherapy?  ☐ Yes  ☐ No

5. Are you pregnant?  ☐ Yes  ☐ No

6. Are you nursing?  ☐ Yes  ☐ No

Is there any other information you would like us to know related to the reason for your visit today? If yes, specify: ________________________________

Patient’s Name (print) ___________________ Signature ______________ Date _______ Time _______

Staff Name / Title ___________________ Signature ______________ Date _______ Time _______