



Musculoskeletal MRI

Today's Date: \_\_\_\_\_

Patient Information: \_\_\_\_\_  
(Last Name) (First) (Middle) (Birth Date) (Weight)

Primary symptoms: \_\_\_\_\_  
\_\_\_\_\_

When did symptoms start? \_\_\_\_\_

Have you ever had an injury to the body part we are scanning today? \_\_\_\_\_ If so, when? \_\_\_\_\_

Briefly explain injury \_\_\_\_\_

Have you ever had surgery on the body part we are scanning today? \_\_\_\_\_ If so, when? \_\_\_\_\_

What type of procedure was done? \_\_\_\_\_

Who was the performing surgeon? \_\_\_\_\_

Do you have any other medical conditions that we should know about? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent/Guardian required for minor consent)