



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)