MRI Patient Clinical History General

Name:_____ Date of Birth:____/____/____

What area of your body is being imaged with MRI today?_____

Describe the type of symptoms you are having and where they occur:_____

_____

_____

How long have you had these symptoms, and how often do they occur?_____

_____

Are these symptoms related to a prior injury or surgery? If yes, then please describe:_____

_____

Has this area been imaged before?_____

Have you ever had surgery or other procedure in this area?_____

Please use the diagram and space below to detail your symptoms