MIDDLETOWN
MEDICAL IMAGING

BONE AND JOINT CT/MR QUESTIONNAIRE

Today's Date:_____

Name_____DOB_____AGE_____

What complaints or symptoms lead you to see your doctor?_____

_____

Have you had trauma or injury to this area: (Circle) Yes or No

If you suspect trauma or injury to have caused your pain, please describe how it occurred

_____

_____.

How long have you had these symptoms?_____

Regarding the area for examination today, have you ever had:

	YES	NO	WHEN
Fracture	_____	_____	_____
Trauma/Injury	_____	_____	_____
Dislocation	_____	_____	_____
Arthrogram	_____	_____	_____
Arthroscope	_____	_____	_____

Do you have a history of…

Rheumatoid Arthritis	_____	_____
Ankylosing Spondylitis	_____	_____
Osteoarthritis	_____	_____
Gout	_____	_____
Psoriasis	_____	_____
Reiter's Syndrome	_____	_____
Hemophilia	_____	_____

Please list any other medical problems that you have, or have had in the past:

_____

_____

_____

Please list any and all medications you are currently taking:

_____

_____

_____

Patient's Signature_____