FOOT ANKLE EXAMINATION

TRI-CITIES OPEN MRI

Patient Name _____

Patient Weight_____ Patient Height_____

Please circle: Left or Right Foot or Ankle

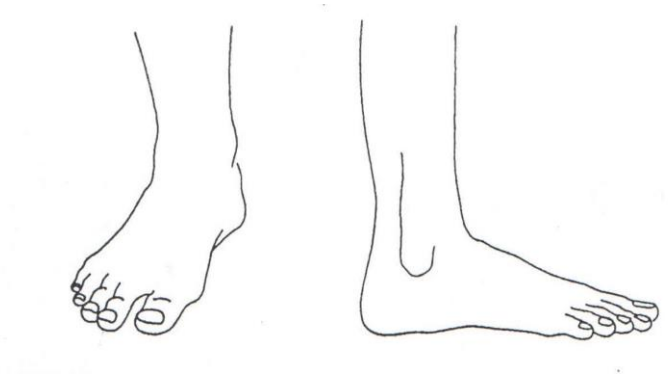
Please note type of symptoms you are having on the pictures below,
using the following codes:

P=Pain

T=Tingling

N=Numbness

A=All



Have you had surgery or other treatment on your foot/ankle? If yes, when and where? _____

_____

Are your symptoms the result of an accident? If yes, please explain? _____

_____

When did this condition and/or accident occur? _____

Does your foot/ankle swell or give out? Please circle if yes. _____

Do you have popping, pain, catching, clicking or locking in your foot/ankle? Please circle if yes. If yes, when does it occur? _____

Are you a diabetic? _____

Have you had X-rays, MRI or CT taken of the affected area in the last 5 years? Please circle if yes. If yes, when and where? _____

Comments _____

_____ _____

Patient (Parent/Guardian) Signature Date