TRI-CITIES OPEN MRI

HAND/WRIST QUESTIONNAIRE

Patient Name _____

Exam Date _____

Type of Exam: HAND or WRIST LEFT or RIGHT

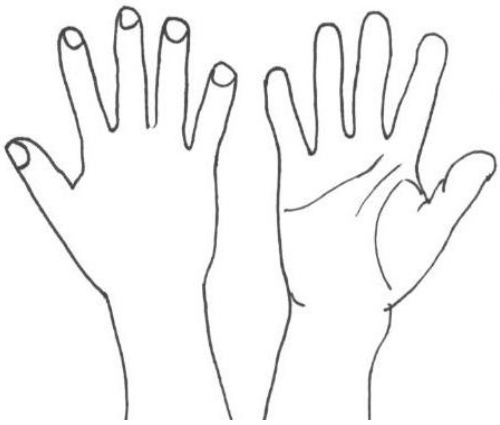
Please note the type of symptoms you are having on the picture below, using the following codes:

P = Pain

T = Tingling

N = Numbness

A = All



TOP PALM

Have you had any surgery or arthroscopy on the joint being examined today? If yes, when?_____

Do you have arthritis, kidney disease, vasculitis, parathyroid disease, thyroid disease, cancer, sarcoma or diabetes? Please circle if yes.

If yes, when were you diagnosed?_____

Do you take steroids, aspirin, or aspirin-related products? Please circle if yes and indicate when taken_____

Have you had any x-rays, CT scans, bone scans, myelograms, or prior MRIs of the affected area in the last 5 years? Please circle if yes.

If yes, when?_____

Are there any "clicks", "grinds", "pops", or "locking" in the joint being examined? Please circle if yes.

If yes, when does it occur?_____

Have you dislocated the joint before? (i.e. popped the bone out of joint) __Yes __No If yes, when?_____

Do you have any problems with movement of the joint? __Yes __No If yes, when?_____

Is the joint painful? __Yes __No If yes, when?_____

How and when did this condition occur?_____

_____

Additional Comments: _____

_____

_____ _____

Patient (Parent/Guardian) Signature Date