

**Patient Information**

Patient Number \_\_\_\_\_ to be filled in by tech

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_

**Reason for your Exam** (please describe in detail)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TECH NOTES:** (for internal use only)

Contrast \_\_\_\_\_

Sedation \_\_\_\_\_

Notes \_\_\_\_\_

**SYMPTOMS, Extremities** (circle all that apply)

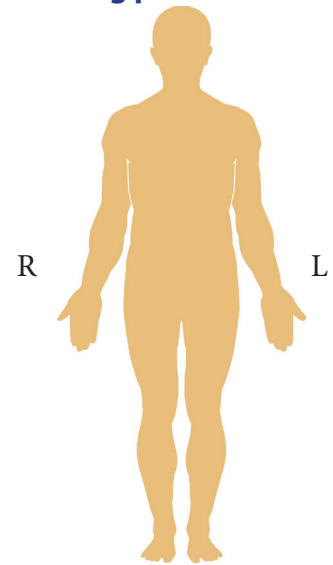
Previous Joint Injections YES NO Where \_\_\_\_\_  
 Joint Pain Acute Chronic Right Left  
 Arthritis Acute Chronic Right Left  
 Stiffness Acute Chronic Right Left  
 Weakness Acute Chronic Right Left  
 Loss of Range of Motion Acute Chronic Right Left  
 Mass Acute Chronic Right Left  
 Infection Acute Chronic Right Left

What is the exact location of your symptoms:  
\_\_\_\_\_

Have you ever been diagnosed with Diabetes? YES NO

Have you ever had Renal Failure / Dialysis? YES when: \_\_\_\_\_ NO

**Please mark where you are experiencing pain/discomfort**



**Is your problem related to an injury?** NO \_\_\_\_\_ YES \_\_\_\_\_ (if yes continue)

Date of Injury \_\_\_\_\_ How were you injured (circle one) Car Accident Work Other

Describe Injury (please be specific) \_\_\_\_\_

**Have you ever been diagnosed with cancer?** NO \_\_\_\_\_ YES \_\_\_\_\_ (if yes continue)

What type of cancer \_\_\_\_\_ Location \_\_\_\_\_ Date Diagnosed \_\_\_\_\_

Current Status (please circle one) Newly Diagnosed Recurrence Remission

Treatment (please circle all that apply) Surgery Radiation ChemoTherapy

Date of last Treatment \_\_\_\_\_

Has it spread? NO \_\_\_\_\_ YES \_\_\_\_\_ If Yes, Where \_\_\_\_\_

Is your visit today related to this cancer diagnosis NO \_\_\_\_\_ YES \_\_\_\_\_

**Previous surgeries related to the affected area you are being seen for today.** (Please list specifically, what and when. Use back if extra space needed.)

Procedure Description	Date
_____	_____
_____	_____
_____	_____

**Previous imaging studies related to the affected area you are being seen for today.** (Please list specifically, what and when. Use back if extra space needed.)

Procedure Description	Date
_____	_____
_____	_____
_____	_____