

MRI EVALUATION FOR ELBOW

PATIENT: _____

The following questionnaire is essential to help determine the best possible method to do your specific exam.

1. Briefly describe what made you go see your doctor?

2. Describe how and when you injured your elbow and the location of pain:

3. Please circle any of the following symptoms that have applied:

LOSS OF MOTION

LOCKING

LOSS OF STRENGTH

BURNING

CLICKING/GRINDING/POPPING

PAIN DOWN ARM

4. Have you ever broken any bones in your elbow? Y N

5. Have you ever had any surgery to your elbow? Y N

If yes, when and what was done? _____

6. Have you ever been told you have arthritis? Y N

7. Are you Currently taking any medications for this problem? Y N

8. Have you had any cortisone injections? Y N When? _____

9. Have you had any prior testing to this area? Y N

If yes, what type of exams? X-RAY MRI CT

NUCLEAR MEDICINE ULTRASOUND

Where and when were your previous studies done? _____

Do you have a f/u appt scheduled? Y N When? _____