

**MRI EVALUATION FOR HAND/WRIST**

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 hand/wrist and the location of pain:

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

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

PAIN/DIFFICULTY GRIPPING

PAIN OPENING HAND

PAINFUL BENDING/ROTATING

PAIN/ACHING AT REST

CLICKING/GRINDING/POPPING

LOCKING

BURNING

NUMBNESS

4. Have you ever broken any bones in your hand/wrist? Y N

5. Have you ever had any surgery to your hand/wrist? Y N

If yes, when and what was done? \_\_\_\_\_

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

7. Are you currently taking any medications for this problem? \_\_\_\_\_

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

9. Have you had any other tests previously of this body part? Y N

If yes, what other tests? X-RAY'S MRI'S CT'S NUCLEAR MED ULTRASOUND

Where and when were your previous studies done? \_\_\_\_\_

10. Do you have a follow-up appointment scheduled? Y N

If yes, when is your appointment? \_\_\_\_\_