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Patient Questionnaire for MRI

Name: _____ Date: _____

Why is your doctor ordering this exam? _____

What are your symptoms and where are they located? _____

Do you have a mass or lump? Y N If yes, where? _____

Have you had an injury? Y N If yes, what type of injury, and when did it happen? _____

Do you have arthritis? Y N If yes, what type of arthritis? _____

Do you have joint pain elsewhere? Y N If yes, where? _____

Does your joint lock or have decreased range of motion? Y N

Do you have diabetes? Y N Have you ever been on steroids? Y N

Have you ever had surgery in this joint? Y N If yes, when? _____ What was done? _____

Have you had prior studies of this area? Y N If yes, indicate below when and where:

X-rays _____

CT Scans _____

Bone Scans _____

MRI Scans _____

Area of Concern

SHOULDER

My doctor thinks I have a:

Dislocation/subluxation Y N I don't know

Labral tear or instability Y N I don't know

Rotator cuff tear Y N I don't know

Impingement Y N I don't know

ELBOW

My doctor thinks I have:

"Tennis Elbow" Y N I don't know

Ulnar nerve problem Y N I don't know

Biceps tendon problem Y N I don't know

Are you a pitcher or throwing athlete? Y N

WRIST

My doctor thinks I have:

Carpal tunnel syndrome Y N I don't know

Ligament or tendon tear Y N I don't know

Ganglion cyst Y N I don't know

HIP

My doctor thinks I have:

Avascular necrosis Y N I don't know

Labral tear Y N I don't know

KNEE

My doctor thinks I have a:

Meniscal tear Y N I don't know

Ligament tear Y N I don't know

FOOT/ANKLE

Do you have:

Poor circulation Y N I don't know

Achilles problem Y N I don't know

Plantar fasciitis Y N I don't know

Skin ulcers Y N I don't know

Mark location of skin ulcers on drawing:

