



**North Dover**  
**PEN MRI**  
*“As OPEN As It Gets”*  
**BONE AND JOINT CT/MR QUESTIONNAIRE**

**Today’s Date:** \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

What complaints or symptoms lead you to see your doctor? \_\_\_\_\_  
\_\_\_\_\_

Have you had trauma or injury to this area: (Circle) Yes or No

If you suspect trauma or injury to have caused your pain, please describe how it occurred  
\_\_\_\_\_  
\_\_\_\_\_

How long have you had these symptoms? \_\_\_\_\_

Regarding the area for examination today, have you ever had:

	YES	NO	WHEN
Fracture	_____	_____	_____
Trauma/Injury	_____	_____	_____
Dislocation	_____	_____	_____
Arthrogram	_____	_____	_____
Arthroscope	_____	_____	_____

Do you have a history of...

Rheumatoid Arthritis	_____	_____
Ankylosing Spondylitis	_____	_____
Osteoarthritis	_____	_____
Gout	_____	_____
Psoriasis	_____	_____
Reiter’s Syndrome	_____	_____
Hemophilia	_____	_____

Please list any other medical problems that you have, or have had in the past:

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

Please list any and all medications you are currently taking:

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

Patient’s Signature \_\_\_\_\_