

MUSCULOSKELETAL EVALUATION

THESE QUESTIONS APPLY ONLY TO THE AREA BEING SCANNED TODAY

_____	_____	_____	_____
Last Name	First Name	Middle	Today's Date
_____	_____	_____	
Age	Height	Weight	

- Describe what made you go see your doctor: _____

- What makes it better? _____
- What makes it worse? _____
- Do you have areas of weakness? Yes No
- If yes, weakness where? _____
- Have you had surgery on this area? Yes No
- If yes, what surgery and when? _____

- Do you have arthritis in any of your joints? Yes No
- If yes, which joints? _____

- Have you had prior imaging of this area? Yes No
- If yes, when and where? _____
- Do you have a personal history of cancer? Yes No Type _____
- Do you have any other medical conditions? _____
