

iCare Diagnostic Imaging, LLC 2781 Freeway Blvd Suite 160 Brooklyn Center, MN 55430

## SHOULDER/ARM MRI QUESTIONNAIRE

		INJU		HT	PATIENT HEIC	GHT
				ted Injury	Yes	No
and in diagrams to 1	Motor Vehicle Acciden		nicle Accident			
ase indicate belowere pain is located.		S	Sports Inju	ıry	Yes	
	Date of Injury			•		
	SYMPTOMS					
	PainFront of Shoulder		Shoulder	Front of Arm		
	Back of Shoulder			r	Back of Arm	
	Top of ShoulderInside of Arm					rm
	Outside of Shoulder Outside of Arm					Arm
	Painful clicking sensation					
	Pain with overhead activities					
	Decreased strength					
	Decreased range of motion					
	Numbing/burning sensation					
	Mass					
	Cortisone/pain injections					
	How long have you had the above symptoms?					
	History of medical disease (Parkinson's Disease, Arthritis, etc.)					
	Please describe					
	History of cancer (please indicate primary cancer)					
	Histor	ry of canc	er (please	e indicate prima	iry cancer)	
		-		•	iry cancer)	
	Please describe	e	PERTAI	NING TO CU	RRENT PROI	BLEM
	Please describe	TUDIES Yes	PERTAI No	NING TO CU Where	RRENT PROI	BLEM Date
	Please describe PREVIOUS S X-Rays	TUDIES Yes	PERTAI No	NING TO CU Where	RRENT PROI	BLEM Date
	Please describe PREVIOUS S X-Rays CT Scan	TUDIES Yes Yes Yes	PERTAI No No	NING TO CU Where	RRENT PROI	BLEM Date Date
	Please describe PREVIOUS S X-Rays CT Scan MRI Scan	TUDIES Yes Yes Yes Yes Yes	PERTAI No No No	NING TO CU Where Where Where	RRENT PROI	BLEM Date Date
	Please describe PREVIOUS S X-Rays CT Scan MRI Scan Arthrogram	TUDIES Yes Yes Yes Yes Yes	PERTAI No No No No	Where	RRENT PROI	BLEM Date Date Date
	Please describe PREVIOUS S X-Rays CT Scan MRI Scan Arthrogram Surgery/Arthro	TUDIES Yes Yes Yes Yes Yes Yes Yes Yes	PERTAI No No No No	Where W	RRENT PROI	BLEM Date Date Date Date
****	Please describe PREVIOUS S X-Rays CT Scan MRI Scan Arthrogram Surgery/Arthro	TUDIES Yes Yes Yes Yes Scopy Yes Property (please)	PERTAI No No No No No	Where W	RRENT PROI	BLEM Date Date Date Date Date
Technologist Use:	Please describe PREVIOUS S X-Rays CT Scan MRI Scan Arthrogram Surgery/Arthro What was done	TUDIES Yes Yes Yes Yes Scopy Yes Property (please	PERTAI No No No No No specify)_	Where W	RRENT PROI	BLEM Date Date Date Date Date  Date  A contract of the contrac
	Please describe PREVIOUS S X-Rays CT Scan MRI Scan Arthrogram Surgery/Arthro What was done ************************************	TUDIES Yes Yes Yes Yes Scopy Yes Property (please	PERTAI No No No No No specify)_	Where W	RRENT PROI	BLEM Date Date Date Date Date  Date  A contract of the contrac