



ARTHROGRAM
CLINICAL QUESTIONNAIRE

RIGHT LEFT WHICH JOINT? _____

NAME: _____ DATE: _____

ALLERGIES: _____

1. Why has your doctor sent you for this test? Did he/she give you a specific diagnosis?

2. Please describe what specific complaints/symptoms have been most bothersome to you?

3. How long have you had these complaints/symptoms? _____

4. Did these complaints/symptoms come on suddenly or gradually? _____

5. These complaints/symptoms have:

improved remained the same worsened

6. Have you had any previous surgery related to the current joint in question? yes no

If yes, type and date: _____

7. Have you had any prior tests?

| | | |
|------------------|-------------|--------------|
| MRI | Date: _____ | Place: _____ |
| CT scan | Date: _____ | Place: _____ |
| Ultrasound | Date: _____ | Place: _____ |
| Nuclear Medicine | Date: _____ | Place: _____ |
| Other | _____ | |

8. Are you or could you be pregnant at this time? yes no

(If yes, please let the technologist or radiologist know before the exam)

