

HAZLETON IMAGING

Date of Birth: _____

Referring Physician: _____

Shoulder MRI Questionnaire

1. What are the reasons your doctor scheduled you for an MRI of the shoulder?

2. How long have you had this problem?

3. Is the shoulder painful to raise over the head? Yes No

If yes, approximately how long?

4. Have you had surgery on the shoulder?

Yes No

If yes, when or how long ago was the surgery?

5. Any recent injury or accident?

Yes No

If yes, when?

6. Please give a brief description of the incident

7. Any other examinations of the shoulder?

X-Ray Yes

CT Yes

MRI Yes

Performed at what facility?

Approximately what date?

I attest that the answers I have provided to questions on this form are correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.

Signature (Parent or Guardian)

Date Signed:
