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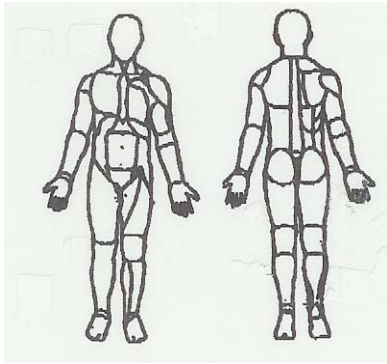
REGENTS IMAGING

BASIC MEDICAL INFORMATION FOR PROBLEMS

Please fill out this form to the best of your ability. If you do not know exact dates, just estimate. This information is very important and will be reviewed during interpretation of your MRI.

Name: _____ Age: _____ Dominant Hand: _____

Height: _____ Weight: _____ Occupation: _____



PLEASE DRAW WHERE THE PAIN
OR SYMPTOMS ARE LOCATED

Present Problem	Please write answers below
What problem are we evaluating with today's MRI?	
When did the problem first occur?	
Was this problem a result of an accident, or repetitive stress? If accident, what is the date of injury?	
Where is the problem located exactly? (Example: front, back, inside, or outside of a joint)	
If you have pain, please describe it and rate it from a Scale of 0-10, with 0 meaning "no pain" and 10 meaning "worst ever".	<p style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10 (no pain) (worst ever)</p>
What relieves the symptoms?	
Have you had a similar problem before? When?	
What medical imaging tests or treatments have you had for this problem? Arthroscopy? Surgery? When?	
What other major medical conditions do you have? (Examples: cancer, anemia, osteoporosis)	
Any other comments that you feel might be helpful?	