

MRI Patient Clinical History

Ankle/Foot

Name: _____ Date of Birth: ____/____/____

Describe the symptoms that you are having in this area (pain, numbness, tingling, etc): _____

How long have you had these symptoms, and how often do they occur? _____

Are these symptoms related to a prior injury or surgery? If yes, then please describe: _____

Has this area been imaged before? _____

Have you ever had surgery or other procedure in this area? _____

Please use the diagram and space below to detail your symptoms

