

Please fill out with printed capital letters.

Name:

Mothers' name:

Date of birth:

SSN:

Additional examination questionnaire for performing joint imaging diagnostic examination

— Dear Patients,

Please answer the questions below, marking your answer with an X using the check box.

Prescriber

GP

Orthopedic

Other specialist

Personal initiative

Prescriber's indication, reason for requesting the examination

Have you had a physical examination before this examination?

Yes

No

Have you had an imaging examination before this examination?

X-Ray

Yes

No

Ultrasound

Yes

No

MRI

Yes

No

If YES, indicate significant results:

Does the patient feel pain?

Yes

No

Is the pain well-localised?

Yes

No

If YES, indicate where:

Anterior

Medial

Lateral

Posterior

Is there history of trauma?

Yes

No

If YES, indicate when it happened and with which modalities:

Did the patient undergo joint surgery?

Yes

No

If YES, indicate which surgical intervention?
.....

Signature of the patient (or legal representative)