



## Brain & Spine MRI Center

### Wrist Evaluation

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Date:** \_\_\_\_\_

1. What was your chief complaint when you visited your doctor? \_\_\_\_\_  
\_\_\_\_\_
2. Describe your symptoms \_\_\_\_\_  
\_\_\_\_\_
3. What does your doctor think is causing your wrist problem? \_\_\_\_\_  
\_\_\_\_\_
4. Describe your pain: \_\_\_\_\_
5. Does anything make the pain worse? \_\_\_\_\_
6. Does anything make it better? \_\_\_\_\_
7. Do you have any weakness? Yes \_\_\_\_ No \_\_\_\_ Where? \_\_\_\_\_
8. Have you ever broken any bones in the wrist being scanned today? Yes \_\_\_\_ No \_\_\_\_
9. Have you ever had surgery or arthroscopy to the area being scanned today? \_\_\_\_\_  
If yes, what was done? \_\_\_\_\_ When? \_\_\_\_\_
10. Do you have arthritis in any of your joints? Yes \_\_\_\_ No \_\_\_\_
11. Do you have any other medical conditions? Yes \_\_\_\_ No \_\_\_\_
12. Describe your general health:  
\_\_\_\_\_  
\_\_\_\_\_

