



# Brain & Spine MRI Center

128 Lilly Rd NE Suite 101  
Olympia, WA 98506  
360-464-6030

## Pelvis MRI questionnaire

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

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

1. What do you think is wrong? \_\_\_\_\_

2. Describe your symptoms: \_\_\_\_\_

3. What makes it better? \_\_\_\_\_

4. What makes it worse? \_\_\_\_\_

5. Do you have areas of weakness? Yes No

If you have weakness where? \_\_\_\_\_

6. Any surgery on the scan area? Yes No

If yes what was done? \_\_\_\_\_

7. Do you have arthritis in any of your joints? Yes No

8. Are you currently taking any medications for the area being scanned? Yes No

9. Do you have any other medical conditions? Yes No

List Conditions \_\_\_\_\_

10. List any activity that may have contributed to your condition:  
\_\_\_\_\_