Pembina High-Field MRI

AKA Direct Medical Imaging LLC

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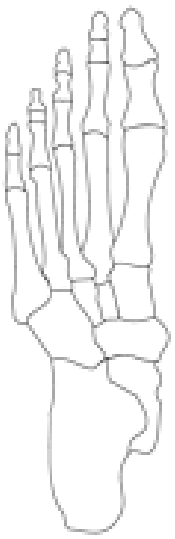
Patient History Sheet: Leg / Ankle / Foot



Date of Exam: _____

Name: _____ **Date of Birth:** _____

Which extremity? ❑ Right ❑ Left **Is this from an injury?** ❑ Yes ❑ No

Date of injury: _____

Describe injury: _____

_____

Symptoms:

How long have you had your symptoms? _____

Please check the area(s) affected below and shade affected area(s) to the left.

❑ **Top**	❑ **Front**	❑ **Inside**
❑ **Bottom**	❑ **Back**	❑ **Outside**
Pain	❑ Yes	❑ No
Swelling	❑ Yes	❑ No
Stiffness	❑ Yes	❑ No
Bruising	❑ Yes	❑ No
Mass/lump	❑ Yes	❑ No
Fever/chills	❑ Yes	❑ No
Decreased strength	❑ Yes	❑ No
Are symptoms better after warming up	❑ Yes	❑ No

Are symptoms worse in the ❑ AM ❑ PM

Any history of cancer ❑ Yes ❑ No Type: _____

Any plain leg, ankle or foot X-Rays taken?

❑ Yes ❑ No **Date of X-Rays:** _____

Site of X-Rays: _____

Findings: _____

Any injections done?

❑ Yes ❑ No **Date of injection:** _____

Site of injection: _____

Any relief from the injection?

❑ Yes ❑ No

Any arthroscopic or open leg/ ankle/ foot surgery on this extremity?

❑ Yes ❑ No **Date of surgery:** _____

What was done? _____

Where was it done? _____