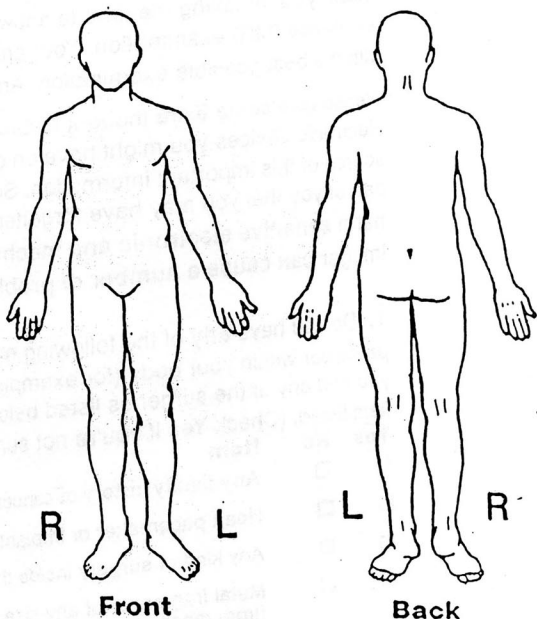


2. What kind of symptoms or problems brought you here and what part(s) of your body do they involve? **Please shade in any areas of pain or discomfort on the figures below.** If one side of your body is affected more than the other, please circle which one, **Right or Left.**



3. Have you ever had surgery (for any reason) in or near the part of your body to be examined today? If so, what was done, how recently, and why?

4. Have you had a CT, ultrasound or MR examination including the part of your body being examined today within the last 7 years? If so, when, where, and why?

Signed \_\_\_\_\_ Date \_\_\_\_\_

Thank you again for your help. If you have any questions, please feel free to ask any of our staff members for assistance. You will undoubtedly be asked some of these questions more than once prior to going into the imaging room.

Please bear with us — our persistence is in your best interest.