

iCare Diagnostic Imaging, LLC 2781 Freeway Blvd Suite 160 Brooklyn Center, MN 55430

FOOT/LEG/ANKLE MRI QUESTIONNAIRE

PATIENT WEIGHT_____PATIENT HEIGHT_____

Please indicate below where pain is located.





Motor Vehicle Accident			INJU Work	RY -related Ir	njury	Yes	No	
pate of Injury Describe Injury SYMPTOMS Pain Foot Leg Ankle Top of FootFrontOutside Heel Bottom of FootBackCentral Heel Inside Foot	diagta halaw		Motor	Vehicle .				
Date of Injury Describe Injury							No)
SYMPTOMS Pain Foot Leg Ankle Top of Foot Front Outside Heel Bottom of Foot Back Central Heel Inside Foot Inside Inside Heel Outside Foot Outside Swelling Bruising Stiffness Feels best in A.M. Feels worst in P.M. Feels worst in P.M. Feels worst in P.M. Feels worst in g.M. Feels worst in p.M. Feels worst in g.M. Feels worst	ain is located.	Date of Injury_						
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