

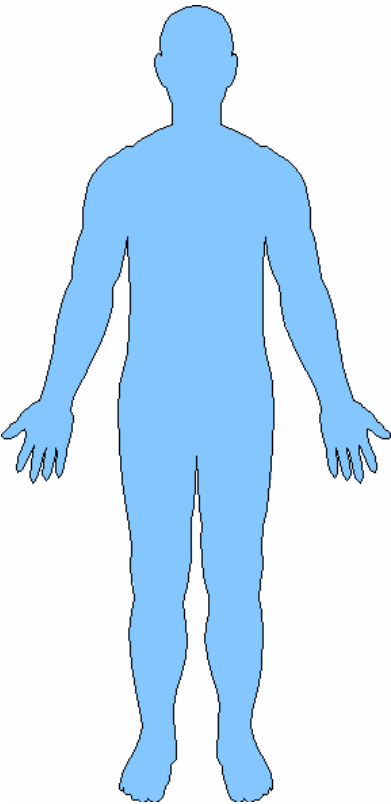


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**SOFT TISSUE
 MRI QUESTIONNAIRE**

PATIENT WEIGHT _____ HEIGHT _____
 TRAUMA
 _____ Yes _____ No Date of Injury _____
 Describe Injury : _____

Please indicate below
 where pain is located.



SYMPTOMS

	Yes	No
Do you have a palpable lump or mass?	_____	_____
Do you have pain in the area?	_____	_____
Do you have numbness or tingling in the area?	_____	_____
Do you have redness, bruising or discoloration?	_____	_____
Do you have swelling?	_____	_____
Do you have inflammation containing pus?	_____	_____
Do you have a history of cysts?	_____	_____
Please describe _____		
Do you have a lipoma (fatty lesion)?	_____	_____
Please describe _____		
When did you first notice the mass? _____		
Has the area changed in size? (please describe) _____		
Have you had surgery on the area?	_____	_____
What was done? (please specify) _____		
_____ History of cancer (please indicate primary cancer)		
Please describe _____		

PREVIOUS STUDIES PERTAINING TO CURRENT PROBLEM

X-Rays	Yes	No	Where _____	Date _____
CT Scan	Yes	No	Where _____	Date _____
MRI Scan	Yes	No	Where _____	Date _____

Technologist Use: **Technologist** _____ **Date** _____
 Contrast: _____ cc of _____ (type) injected into _____ (area).

Notes/Complications _____

