

Musculoskeletal Evaluation



Last Name _____ First Name _____ Middle _____

Date _____ Age _____

THESE QUESTIONS APPLY ONLY TO THE AREA BEING SCANNED TODAY

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

6. Weakness where? _____

7. Any surgery/arthroscopy on the scan area? Yes No

8. Surgery/arthroscopy when? _____

9. What was done? _____

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

11. List joints: _____

12. Are you currently taking any medications? Yes No

13. List medications: _____

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

15. List conditions: _____

16. List athletic activities that may have contributed to your condition: _____
