



**SHOULDER MRI QUESTIONNAIRE**

YOUR NAME:.....

PLEASE CIRCLE THE ANSWER THAT APPLIES TO YOU.

- Dominant arm? Right      Left
- Injured arm? Right      Left
- Do you have restriction of motion? Yes      No
- Do you have tightness? Yes      No
- Do you have pain? Yes      No

If yes, describe the location, severity and when does it occur  
.....

- Did you have an injury? Yes      No
- If yes, date of injury.....
- age on onset of injury.....
- type of injury .....

- Do you participate in sports? Yes      No
- If yes, specify sport and level of participation.....

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**PRIOR STUDIES AND INTERVENTION .**

**On your shoulder have you had a....**

- PRIOR MRI? (where and when) .....
- X-RAY or ULTRASOUND ? (where and when).....
- .....
- SURGERY? (where and when).....
- .....