HTPN DALLAS DIAGNOSTIC ASSOCIATION

MAGNETIC RESONANCE IMAGING (MRI)
MUSCULOSKELETAL & TEMPOROMANDIBULAR JOINT (TMJ) QUESTIONNAIRE

Print Name:_____ **Date:**_____

1) Reason you are having this MRI scan, include any recent or new complaints:_____
_____
How long have your symptoms been present?_____

2) Check area to be imaged and please indicate: Right ☐ Left ☐ Both ☐
☐ Shoulder ☐ Elbow ☐ Wrist ☐ TMJ
☐ Hip ☐ Knee ☐ Ankle ☐ Other:_____

3) What are your major symptoms? (Limited movement, mass, infection, etc…)_____
_____
How long? _____

4) Is this problem related to an injury? ☐ Yes ☐ No ☐ Unknown
If yes, Date of Injury: _____
Type of Injury: _____ If this is a sports related injury, what sport? _____

5) Have you had any other types of previous surgery? _____ If yes, list the type of surgery and date:
_____ _____
_____ _____

6) Do you have a history of cancer? _____ If yes, what type? _____
Did the treatment include:
Radiation Therapy? ☐ Yes ☐ No
Chemotherapy? ☐ Yes ☐ No
If yes to radiation therapy, what part of your body? _____ If yes, when? _____

7) Have you had any previous imaging studies of this area? ☐ Yes ☐ No
* If yes, please indicate:

Type of Study:	**Date**	**Facility**
Radiographs (X-rays)	_____	_____
Angiogram	_____	_____
Computed Tomography (CT)	_____	_____
Bone Scan (Nuclear Medicine)	_____	_____
MRI	_____	_____
Other	_____	_____

8) TMJ specific questions: Have you experienced any of the following symptoms?

	NO	YES	RT SIDE	LT SIDE
a. clicking	☐	☐	☐	☐
b. popping	☐	☐	☐	☐
c. grinding teeth	☐	☐	☐	☐
d. pain	☐	☐	☐	☐

9) Have you had surgery on your TMJ(s) or jaw?_____ If yes, approximate date of surgery:_____
10) Have you had any orthodontic (braces) work? _____ If yes, when? _____

MRI Technologists Notes:
_____
_____
_____