1. What was your chief complaint when you visited your doctor?

2. How long have you had this pain?

3. Does the pain go down your arm?

4. Does the pain go down your leg? 
   - If yes, is it in the back or in the front? BACK  FRONT  BOTH
   - Which side? LEFT  RIGHT  BOTH

5. Do you have any numbness? LEFT  RIGHT  YES  NO

6. Do you have any weakness? LEFT  RIGHT  YES  NO

7. Have you ever broken any bones in the area being scanned today? YES  NO

8. Have you had surgery or arthroscopy to the area being scanned today? YES  NO
   If yes, what was done? ____________________________
   When? ____________________________

9. Do you have any bowel or bladder changes? YES  NO

10. Do you have any other medical conditions? YES  NO

11. Do you have a history of cancer? YES  NO

12. Describe your general health: ____________________________