MINNESOTA RADIOLOGY
4000 W. 76th Street, Suite 100 ~ Edina, MN 55435 ~ 952-853-7226 ph ~ 952-831-7555 fax

Clinical History for Today's Exam:

Name: | **Today's Date:**

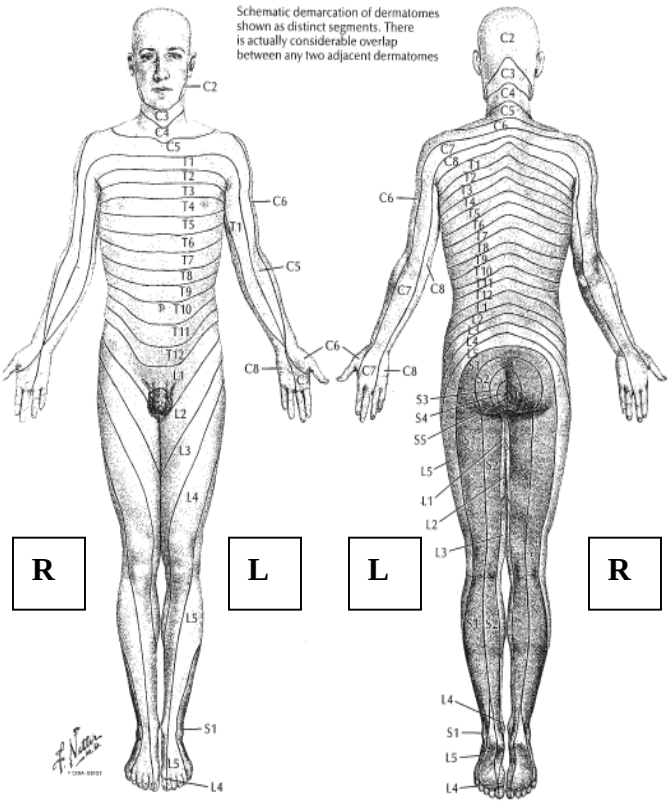
When did your pain start? | **Date of Injury:**

What were the circumstances of the onset of your pain?
(ie: auto accident = give details, work injury = what happened?)

What has changed since the date of onset or since your last visit?

Please list any surgeries you have had.

What question are we trying to answer for you today?

Other Information:

Indicate on the picture below the area that hurts.
Please be as specific as possible.