

MEDICAL ARTS

R A D I O L O G Y

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Plainview
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(631) 689-7300
FAX: (631) 941-4215

Huntington
(631) 427-8860
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(631) 475-5300
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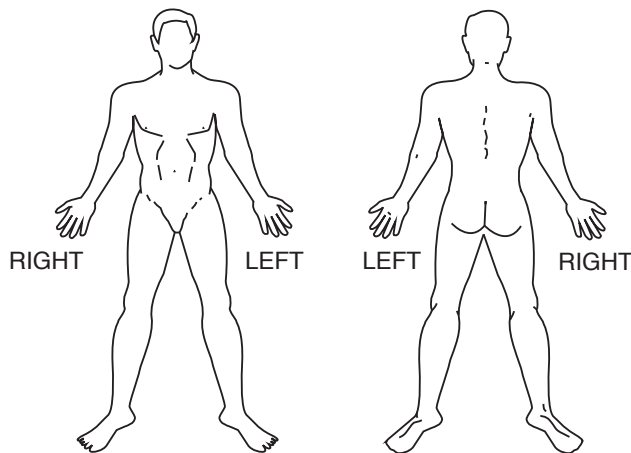
West Islip
(631) 422-4474
FAX: (631) 422-1235

EXTREMITY QUESTIONNAIRE

NAME: _____ DATE: _____
AGE: _____ DATE OF BIRTH: _____ WEIGHT: _____

- 1) What was your chief complaint when you went to the doctor?
- 2) Are you in any pain at the present time? If yes, where and for how long have you had it?
- 3) Any numbness or weakness associated with the pain?
- 4) Any recent injuries?
- 5) Did you have any x-rays taken of this area? Did you bring them with you?
- 6) If this is for a fracture, were you casted? If yes, for how long?
- 7) Have you had any previous exams of the area? If yes, what were the results?
- 8) Any personal history of cancer? If yes, what type and when were you diagnosed?

- 9) Have you received chemotherapy? If yes, when?
- 10) Have you received radiation therapy? If yes, when?
- 11) Do you have any other medical conditions?
- 12) Describe your general health.



Please shade the areas that are painful.