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

2. What do you think caused the problem? ____________________________________________

3. What does your doctor think is causing your ankle/foot problem? ______________________

4. Describe your pain: _______________________________________________________________
   a. Does anything make it worse? ___________________________________________________
   b. Does anything make it better? _________________________________________________

5. Do you have any weakness? ___________________ Where? ____________________________

6. Have you had surgery to the area being scanned today? ______________________________
   When? _________________________________________________________________________
   What was done? __________________________________________________________________

7. Have you ever broken any bones in your ankle/foot? ________________________________

8. Do you have arthritis in any of your joints? _________________________________________

9. Have you ever injured your ankle/foot? _____________ Date of Injury _________________

10. Do you have any other medical conditions? _________________________________________


12. Describe your general health: _____________________________________________________