

Patient Information Form (PIF) for Hip Symptoms

The following patient information forms are used for patients undergoing imaging of the hip (or pelvis).

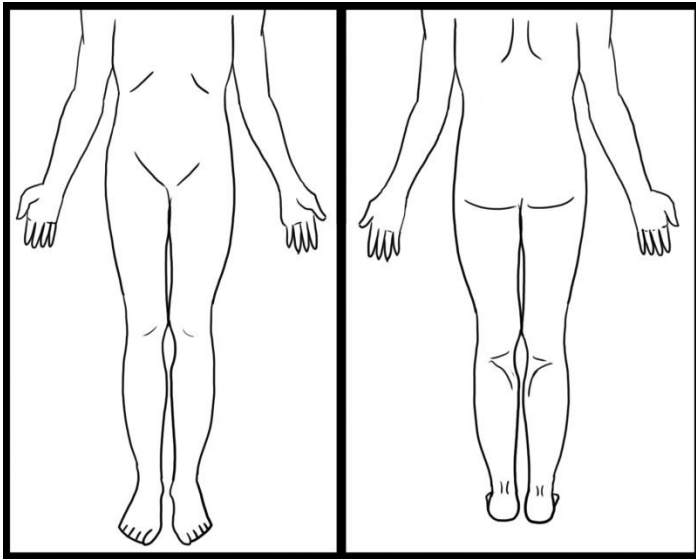
The form, titled “Pelvis and Hips – Bone” are used for radiographs, computed tomography (CT), and magnetic resonance imaging (MRI) examinations.



Patient Name: _____ Previous exam: _____
Date of birth: _____ Patient pregnant: YES NO
Medical Record #: _____ Patient breastfeeding: YES NO

Pelvis and Hips - Bone

Please mark the location of any pain:



How long have you had your symptoms?
Have you had prior surgery done on the lumbar spine, pelvis, or hips? If so, please tell us the approximate date(s) and procedure(s):

If your pain is from an injury, please tell us the date of the injury describe what happened:

Please put a check if you have any of the following:	
<input type="checkbox"/>	Buttock, hip, leg or foot weakness.
<input type="checkbox"/>	Buttock, hip, leg or foot numbness.
<input type="checkbox"/>	Pain which is worse with motion and relieved by rest.
<input type="checkbox"/>	Arthritis in multiple joints in my body.
<input type="checkbox"/>	A change in bowel or bladder habits.

Have you ever been diagnosed with cancer? YES NO
If yes, what type? _____

FOR TECHNOLOGIST USE ONLY (Fluoro time: ____ sec)

Call result?	No Yes	If "Yes", provider name/number:
Known follow-up appointment?	No Yes	If "Yes" indicate date/time and provider:
For CT and MR studies		
Was IV contrast injected?	No Yes	If "Yes": _____ mL of _____ (contrast type)
Hydration protocol?	No Yes	If "Yes", provide details:
Patient premedicated for contrast?	No Yes	If "Yes", provide details:
Abnormal response to contrast?	No Yes	If "Yes", provide details:

