

Alexandria Imaging Center
1600 North Beauregard Street, Suite 200
Alexandria VA 22304
703-751-5055 Phone
703-370-3889 Fax



Woodbridge Imaging Center
4001 Prince William Parkway, Suite 302
Woodbridge VA 22192
703-494-3309 Phone
703-357-9636 Fax

X-RAY QUESTIONNAIRE

Patient Name: _____

Date of Birth: _____

What symptoms are you having?

Are your symptoms a result of an injury? Yes _____ No _____

If Yes:

Date of Injury _____

What caused your injury? Please be specific (for example, struck by a baseball).

Where did it occur? Please be specific (for example, living room of my home).

What activity were you performing when the accident occurred (for example, playing football, riding a bike, raking the yard, household chores, etc)?

If No:

When did you first experience the symptoms? Please be as specific as possible.

Are the symptoms constant or intermittent (off and on)?

Is there a particular side that hurts more than the other?

Signature _____

Date _____