**MRI HISTORY FORM (fillable)**

**Date of appt**:

**Referring Vet**:

**Email Address**:

**Preferred Phone**:

**Horse name**:

**Owner name**:

Owner/Trainer contact number (for pick-up):

**SIGNALMENT**

1. Age:
2. Breed:
3. Sex:
4. Horse’s Occupation and Level:

**LAMENESS HISTORY**

1. Affected limb: LF**☐** RF**☐** LH **☐** RH**☐**

1. Duration of lameness:
2. Degree of lameness, Please indicate limb if bilateral:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Straight line: 1/5 | 2/5 | 3/5 | 4/5 | Other: |  |
| Circle to the right: | 1/5 | 2/5 | 3/5 | 4/5 | Other: |
| Circle to the left: | 1/5 | 2/5 | 3/5 | 4/5 | Other: |

1. Hoof Tester Results:
2. Flexion Test Results:
3. Has lameness been localized using peripheral nerve anesthesia:

If yes, to what % improvement?

PD:

Abaxial sesamoid:

Low volar:

Prox. SL:

Other (i.e. joint/bursal analgesia):

|  |  |  |  |
| --- | --- | --- | --- |
| 7. | Have radiographs been taken: | YES**☐** NO**☐** | |
|  | If yes, what were the significant findings? | | |
| 8. | Has ultrasonography been performed: | | YES**☐** NO **☐** |
|  | If yes what were the significant findings? | | |

**Treatment/Current Management**

1. Has horse received intra-articular therapy for this condition: YES**☐** NO**☐**

If yes, which medications were used and what was the outcome:

1. Please describe the horse’s current exercise routine, including turnout:
2. What kind of shoes has this horse been wearing?
3. Please list any current medications, or any medications that were used in the past to manage this horse’s condition (i.e. NSAIDS, Legend, Adequan)
4. Is there any further information regarding your patient that you feel we should consider?

**Please check the requested study or studies**:

**RF☐**



Foot/ Pastern distal 1/3 P1 through solar surface of foot**☐**

Fetlock (also used for lower suspensory ligament branches**☐**

Suspensory**☐**

**LF☐**



Foot/ Pastern distal 1/3 P1 through solar surface of foot **☐**

Fetlock (also used for lower suspensory ligament branches**☐**

Suspensory**☐**

**RH☐**



Foot/ Pastern distal 1/3 P1 through solar surface of foot **☐**

Fetlock (also used for lower suspensory ligament branches**☐**

Suspensory**☐**

**LH☐**



Foot/ Pastern distal 1/3 P1 through solar surface of foot **☐**

Fetlock (also used for lower suspensory ligament branches**☐**

Suspensory**☐**

***Thank You for taking the time to fill out this history form. The correlation of all clinical information and diagnostic techniques are imperative in determining which lesions are likely to be causing lameness, and to determine the most appropriate treatment and prognosis***