

MRI EVALUATION FOR SPINE

Patient _____

NECK PROBLEMS

Do you have neck pain? Y N How long? _____

If yes, where? (i.e.-left sided/right sided) _____

Does it radiate into your arms? Y N

Which arm? R L Both How far? _____

Is your pain due to an injury? Y N Type of injury _____

Is there any numbness associated with your pain? Y N

Do you have headaches associated with your neck pain? Y N

Have you ever had neck surgery? Y N When? _____

If yes, what kind of surgery and what levels? _____

LOW BACK PROBLEMS

Do you have low back pain? Y N How long? _____

If yes, where? (i.e.-left sided/right sided) _____

Does it radiate into your legs? Y N

Which leg? R L Both How far? _____

Is your pain due to an injury? Y N Type of injury? _____

Is there any numbness associated with your pain? Y N

Does the pain increase with sitting or standing? Y N

Have you ever had back surgery? Y N When? _____

If yes, what kind of surgery and what levels? _____

.....
Have you ever had any prior testing of your spine? Y N

If yes, what type of testing?

X-Ray MRI CT Nuclear Med

Where and when were your previous studies done? _____

Do you have a follow-up appt. scheduled? Y N When? _____