MRA EVALUATION FOR VASCULAR IMAGING

Patient: _____

Exam (s): _____

The following questionnaire is essential to help determine the best possible method in which to do your specific exam.

1. Briefly describe what made you go to your doctor: _____
_____
_____

3. Have you had any prior testing to this area? Y N

If yes, what type of test was done: X-Ray MRI CT

Nuclear Medicine Ultrasound

When and where were these tests done? _____

4. Have you had any prior surgery to this area? Y N

If yes, when and what was done? _____
_____
_____

5. Please circle any of the following symptoms that apply:

High Blood Pressure Family History Aneurysms

Lightheadedness/Faint History of Stroke Pain

Other _____
_____