

Premier MRI 4U
CERVICAL/ THORACIC/ LUMBAR SPINE M.R.I. QUESTIONNAIRE

Patient Name: _____ **Date:** _____

PLEASE ANSWER THE FOLLOWING QUESTIONS AS THEY WILL HELP THE RADIOLOGIST INTERPRET YOUR EXAMINATION

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|--|-------------|
| 1. Please indicate if you are having any of the following: | CHECK ONE: |
| a) Neck pain | YES NO |
| b) Mid back pain | YES NO |
| c) Low back pain | YES NO |

If so for how long? _____

- | | |
|--|-------------|
| 2. Does the pain radiate into your arms or legs? | YES NO |
| If so which arm or leg? _____ | |
| How far does the pain radiate? _____ | |
| How long have you had this pain? _____ | |

- | | |
|--|-------------|
| 3. Does the pain increase with standing? | YES NO |
|--|-------------|

- | | |
|---|-------------|
| 4. Does the pain increase with sitting? | YES NO |
|---|-------------|

- | | |
|---|-------------|
| 5. Is there any numbness with your pain? | YES NO |
| Arms Hands Legs Feet | |

- | | |
|---|-------------|
| 6. Have you had previous low back pain? | YES NO |
| If so, when _____ | |

- | | |
|---|-------------|
| 7. Have you ever had a tumor or cancer? | YES NO |
| Tumor Cancer | |

- | | |
|---------------------------------------|-------------|
| 8. Have you had a previous myelogram? | YES NO |
| If so, date: _____ Where: _____ | |

A myelogram uses a special dye (contrast material) and X-rays (fluoroscopy) to make pictures of the bones and the fluid-filled space (subarachnoid space) between the bones in your spine (spinal canal).

Patient Signature: _____ **Date:** _____

If patient is a minor, then parent or legal guardian signature