UNIVERSITY RADIOLOGY

PATIENT QUESTIONNAIRE FOR MRI/CT - NEURO

Patient Name: _____ Date: _____

Why is your doctor ordering this exam? _____

What are your symptoms, and where are they located? _____

_____

Have you had prior studies for this concern? ☐ Y ☐ N If yes, write below when and where these studies were done.

CT Scans: _____ MRI Scans: _____

Do you have a known Neurologic condition? ☐ Y ☐ N If yes, please describe: _____

_____

Is today's study to evaluate this condition? ☐ Y ☐ N

Have you had neck or back surgery? ☐ Y ☐ N If yes, please describe: _____

_____

YOUR AREA OF CONCERN

☐ Brain or MRA/Carotid

Do you have:

- Nausea/Vomiting? ..... ☐ Y ☐ N
- Dizziness? ..... ☐ Y ☐ N
- Seizures? ..... ☐ Y ☐ N
- Visual trouble other than glasses, cataracts? ☐ Y ☐ N
  - If yes, describe: _____

_____

- Headaches? ..... ☐ Y ☐ N
  - If yes, describe location & character: _____

_____

- Trouble with balance or coordination? ..... ☐ Y ☐ N
- Difficulty walking? ..... ☐ Y ☐ N
- Hearing Loss? ..... ☐ Y ☐ N ☐ Both Ears
- Bell's Palsy? ..... ☐ Y ☐ N

☐ TMJ

Do you have:

- Pain? ..... ☐ R ☐ L ☐ Both
- Clicking? ..... ☐ R ☐ L ☐ Both
- Locking? ..... ☐ R ☐ L ☐ Both
- Trauma? ..... ☐ R ☐ L ☐ Both
- Fracture? ..... ☐ R ☐ L ☐ Both
- Surgery? ..... ☐ R ☐ L ☐ Both
- Injections? ..... ☐ R ☐ L ☐ Both

☐ Cervical/Thoracic Spine

Do you have:

- Dizziness? ..... ☐ Y ☐ N
- Headache? ..... ☐ Y ☐ N
- Difficulty Walking? ..... ☐ Y ☐ N
- Bowel/Bladder Problems? .. ☐ Y ☐ N

Indicate where you have pain, weakness, numbness, tingling:

- Shoulder? ..... ☐ R ☐ L ☐ Both
- Upper Arm? ..... ☐ R ☐ L ☐ Both
- Forearm? ..... ☐ R ☐ L ☐ Both
- Hand? ..... ☐ R ☐ L ☐ Both
- Thumb/Index Finger? ..... ☐ R ☐ L ☐ Both
- Middle Finger? ..... ☐ R ☐ L ☐ Both
- Ring Finger/Little Finger? ... ☐ R ☐ L ☐ Both

☐ Lumbar Spine

Do you have:

- Back Pain? ..... ☐ Y ☐ N
  - If yes, describe: _____

_____

- Pain in your legs? ☐ R ☐ L ☐ Both

  Indicate where you have pain, weakness, numbness:
  - Thigh? ..... ☐ Front ☐ Back ☐ Inside ☐ Outside
  - Lower Leg? ..... ☐ Front ☐ Back ☐ Inside ☐ Outside
  - Foot? ..... ☐ Front ☐ Back ☐ Inside ☐ Outside