

## Patient Questionnaire for C-Spine MRI

Patient Name: \_\_\_\_\_

Patient Account Number: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

Patient Weight (lbs): \_\_\_\_\_ Height: \_\_\_\_\_ feet \_\_\_\_\_ inches

### Please check all problems which you have

Neck pain? \_\_\_\_\_ Which Side? \_\_\_\_\_

Arm pain? \_\_\_\_\_ Which Side? \_\_\_\_\_

Hand pain? \_\_\_\_\_ Which Side? \_\_\_\_\_

Pain elsewhere? \_\_\_\_\_

Arm / Hand numbness or tingling? (circle) \_\_\_\_\_ Which side? \_\_\_\_\_

Arm / Hand weakness \_\_\_\_\_ Which side? \_\_\_\_\_

Do you have cancer? \_\_\_\_\_

What type? \_\_\_\_\_

Has it spread? \_\_\_\_\_

Have you had surgery on your neck? \_\_\_\_\_

When? \_\_\_\_\_

What level? \_\_\_\_\_

Have you ever had a previous MRI? \_\_\_\_\_

When? \_\_\_\_\_

Where? \_\_\_\_\_

Did you injure your neck? (If yes, how?)

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you think we should know that would help us understand your neck problem?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_