



CERVICAL SPINE MRI QUESTIONNAIRE

RADIOLOGY

NAME: _____

DIAGNOSIS (What complaints or symptoms caused you to seek medical help?)

PLEASE CHECK EACH BOX THAT APPLIES TO YOU (AND ANSWER QUESTIONS):

How long have you had these symptoms? _____

Did they develop suddenly or gradually? Suddenly Gradually

Do you have neck pain? Yes No

Do you have difficulty walking? Yes No

Do you have leg pain? Right Left

Do you have pain, numbness or weakness in any of the following areas?

Upper arm Right Left (C5)

Elbow Right Left (C6)

Lower Arm Right Left (C7)

Hands & Fingers Right Left (C8-T1)

Have you had previous significant spine injury? Yes No

If yes, describe _____

PRIOR STUDIES AND INTERVENTION:

Prior MRI (when?) _____ (where?) _____

CT (CAT) Scan (when?) _____ (where?) _____

Spine Surgery (when?) _____

Myelogram (when?) _____

Other studies and interventions? _____
