



HEAD MRI / MRA QUESTIONNAIRE

NEW YORK UNIVERSITY
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 weakness on one side of your body? Yes No

If yes, which side? Left Right

PRIOR STUDIES AND INTERVENTION:

MRI (when?) _____ (where?) _____

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

Head Surgery (when?) _____

Chemotherapy (when?) _____

Radiation Therapy (when?) _____

Other studies and interventions? _____

