



THORACIC / LUMBAR 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 your legs or back hurt after you walk? Yes No

Do you have weakness in your legs? Yes No

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

Back Right Left

Buttocks Right Left (S1)

Front of Thigh Right Left (L1-L2)

Back of Thigh Right Left (L5-S1)

Foot near big toe Right Left (L5)

Foot near small toe Right Left (S1)

Do you have a history of cancer? Yes No

Have you had previous significant spine injury or injection? Yes No

If yes, describe _____

PRIOR STUDIES AND INTERVENTION:

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

Spine Surgery (when?) _____

Myelogram (when?) _____

Other studies and interventions? _____