FM-403
CT / MRI SPINE QUESTIONNAIRE

PATIENT'S NAME: _____ DATE: ___/___/_____

(Please answer the following questions as this will assist with the interpretation of the CT / MRI scan of your spine. Please **circle** the appropriate answer. If you are not sure of an answer, please leave it BLANK and go onto the next question).

1. What is your main complaint? PAIN DISCOMFORT WEAKNESS
2. Do you have the complaint today? YES NO
3. Have you had the complaint for? WEEKS MONTHS YEARS
4. This complaint affects which of the following areas?

   NECK **RIGHT ARM** **LEFT ARM** **BOTH ARMS**
   BACK **RIGHT LEG** **LEFT LEG** **BOTH LEGS**

5. Have you ever had surgery on any part of your spine? YES NO

   If so which levels _____

6. Have you ever had a myelogram? YES NO
7. Are you pregnant? YES NO

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FM-403 *Version: 4* *Page 1 of 1*