MD IMAGING

# MRI / MRA NONSKELETAL QUESTIONNAIRE

PATIENT NAME:_____ AGE:_____

PATIENT MR:_____ DATE:_____

What is your present complaint or problem and how long ago did it start?

_____

_____

Have you had a CT or MRI scan for this problem? YES NO

If yes, when_____

Where _____

Please check any diseases in this list that you have either had in the past or for which you are now under treatment:

- ❑ Cancer (specify type and year diagnosed)_____
- ❑ Diabetes
- ❑ Heart disease
- ❑ Heredity disease (please specify)_____
- ❑ Immune disease
- ❑ Multiple Sclerosis
- ❑ Pituitary disease or hormone disease
- ❑ Stroke or bleeding in the brain
- ❑ Surgery on your head (specify reason)

Do you have any of the following signs or symptoms (please check all that apply):

- ❑ Difficulty walking
- ❑ Difficulty speaking
- ❑ Fevers, night sweats
- ❑ Problems with vision or hearing
- ❑ Paralysis or weakness of any body part
- ❑ Seizures (without prior history of epilepsy)