

**Patient Questionnaire for L-Spine MRI**

Patient Name: \_\_\_\_\_

Patient Number: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

Patient Weight (lbs): \_\_\_\_\_ Height: \_\_\_\_\_ feet \_\_\_\_\_ inches

**Please check all problems which you have**

Low back pain? \_\_\_\_\_ How long? \_\_\_\_\_

Leg pain? \_\_\_\_\_ Which side? \_\_\_\_\_

Hip pain? \_\_\_\_\_ Which side? \_\_\_\_\_

Foot pain? \_\_\_\_\_ Which side? \_\_\_\_\_

Numbness in leg or foot? \_\_\_\_\_ Which side? \_\_\_\_\_

Tingling in leg or foot? \_\_\_\_\_ Which side? \_\_\_\_\_

Leg weakness? \_\_\_\_\_ Which side? \_\_\_\_\_

Have you ever had surgery on your back? \_\_\_\_\_

When? \_\_\_\_\_

What level if known? \_\_\_\_\_

Do you have cancer? \_\_\_\_\_

What type? \_\_\_\_\_

When? \_\_\_\_\_

Has it spread? \_\_\_\_\_

Did you injure your back? \_\_\_\_\_

How? \_\_\_\_\_

Have you ever had a previous MRI of the lumbar spine? \_\_\_\_\_

When? \_\_\_\_\_

Where? \_\_\_\_\_

Is there anything else you think we should know that would help us understand your problem?

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_