

Patient Questionnaire for T-Spine MRI

Patient Name: _____

Patient Account Number: _____ Patient DOB: _____

Patient Weight (lbs): _____ Height: _____ feet _____ inches

Please check all problems which you have

Middle back pain? _____ How long? _____

Pain elsewhere? _____

Any numbness or tingling? _____ Where? _____

Any weakness? _____ Where? _____

Do you have cancer? _____ What type? _____

Has it spread? _____

Have you had surgery on your middle back? _____

When? _____ What level? _____

Have you ever had a previous MRI of the thoracic spine? _____

When? _____

Where? _____

Did you injure your back? (If yes, how?)

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

