



HEAD HISTORY

Did you have an injury? (auto, work comp etc.)

Check all that apply since your injury:

- | | | |
|-----------------------|--------------|-------------|
| Headache | Yes___ No___ | |
| Nausea/Vomiting | Yes___ No___ | |
| Dizziness | Yes___ No___ | |
| Memory loss | Yes___ No___ | |
| Confusion | Yes___ No___ | |
| Numbness | Yes___ No___ | |
| Weakness | Yes___ No___ | |
| Visual disturbances | Yes___ No___ | |
| Hearing loss | Yes___ No___ | |
| Kidney problems | Yes___ No___ | When? _____ |
| Dialysis | Yes___ No___ | When? _____ |
| Brain or head surgery | Yes___ No___ | When? _____ |
| Previous CVA (stroke) | Yes___ No___ | When? _____ |
| History of cancer | Yes___ No___ | When? _____ |

What kind of cancer? _____

List any medical conditions (ex: hypertension, diabetes etc.) _____

Have you had the following studies? CT___ MRI___ Angiogram___ When? _____

Where? _____ Results _____

Technologist Documentation

Justify frequency of MRI scan: _____ Contrast Amount: _____

Technologist signature: _____ Date: _____