



SPINE HISTORY

Did you have an injury? If so, what kind (auto, work comp etc.)

When did the injury occur? _____

What are your major complaints of pain? _____

Are you allergic to any medications? Please list. _____

Do you have any medical conditions? (ex: diabetes, high blood pressure etc.)

Have you ever been diagnosed with cancer? Yes ___ No ___

If so, What kind of cancer? _____ When was diagnosis? _____

Please list any surgeries you have had in your lifetime.

Do you have kidney problems? Yes ___ No ___

Are you currently on dialysis? Yes ___ No ___

Have you had surgery in the area to be scanned? Yes ___ No ___ When? _____

Technologist Documentation

Justify frequency of MRI scan: _____ Contrast Amount: _____

Technologist signature: _____ Date: _____