



MRI Data sheet for the Spine

Name: _____ Age: _____ Date: _____

1. What was your chief complaint when you visited your doctor? _____

2. Describe your pain (for example burning, sharp, etc. _____

3. Does the pain go into your arm or leg? Yes No Front Back
4. What do you think may have caused the problem? _____

5. When you wake in the morning, is your pain better or worse? Better Worse
6. Do you experience any numbness Yes No
 If so, where? _____
7. Do you experience any weakness? Yes No
 If so, where? _____
8. Have you experienced any bowel or bladder changes? Yes No
 If so, describe _____
9. Have you had any spinal surgery? Yes No
 If so, where and when was it done? _____
10. Do you have any other medical conditions? _____

11. Describe your general health _____

