1.	What was your chief complaint when you visited your doctor?	
2.	Has the pain been longer than 6 weeks? ☐ Yes ☐ No	
3.	What do you think caused the problem?	
4.	What does your doctor think is causing your pain?	
5.	Describe your pain (e.g., burning, sharp etc.)	
6.	Does the pain go down your arm? Your leg?	
	Left, right or both?	
7.	a. Does anything make the pain worse (e.g. standing, sitting,	lying down etc.)?
	b. Does anything make it better?	
8.	Do you have any numbness? Where?	
9.	Do you have any weakness? Where?	
10.	Have you had any bowel or bladder changes?	Describe:
11.	Have you had surgery to the area being scanned today?	
		PLEASE SHADE IN THE AREAS WHICH HURT
12.	Do you have any more medical conditions?	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
13.	Do you exercise regularly? Type?	
11	Describe your general health:	
14.	Describe your general health:	Right Left Left Right



250 Bon Air Road Greenbrae, CA 94904

DIAGNOSTIC IMAGING - MRI SPINE EVALUATION FORM

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