

Midwest Surgical Hospital

Brain Questionnaire

Patient name _____

Have you had a radiology exam to this area before?		YES	NO
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Facility	Date
MRI	
CT	
XRAY	

Circle one

Are you experiencing any headaches? YES NO Acute Chronic

How long do they last? _____

Have you had surgery to this area before? YES NO Date: _____

If surgery was done explain: _____

Circle any of the following symptoms you are experiencing:

- | | | |
|-------------------|--------------|-------------------|
| Fever | Vomiting | Numbness |
| Sinusitis | Seizures | Confusion |
| Nausea | Memory Loss | Weakness |
| Dizziness | Hearing Loss | Blurred Vision |
| Speech Difficulty | Trauma | Shunt Malfunction |

Other: _____

WOMEN: COULD THERE BE A CHANCE OF PREGNANCY		YES	NO
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You will be receiving a bill from Midwest Surgical Hospital, which is the charge for the test being performed and the equipment being used.
A second bill will be sent from The Radiology Consultants of the Midwest, P.C., which is the charge for the Radiologist who will interpret your MRI.