

Midwest Surgical Hospital

Spine Questionnaire

Patient name _____

What area are we looking at today? _____

Have you had surgery to this area before? DATE?			YES	NO
Have you had a radiology exam to this area before?			YES	NO

Facility		Date
MRI		
CT		
XRAY		

Are you experiencing any pain in:			
Neck		YES	NO
Upper Back		YES	NO
Lower Back		YES	NO

Do you experience any pain in:			
		Right	Left
Buttocks			
Legs			
Toes			
Arms			
Fingers			

Do you have any numbness or tingling in:			
		Right	Left
Buttocks			
Leg			
Toes			
Arms			
Fingers			
WOMEN: COULD THERE BE A CHANCE OF PREGNANCY		YES	NO

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.