TRI-CITIES OPEN MRI

SPINE EXAMINATION

Patient Name _____

Patient Weight_____ Patient Height_____

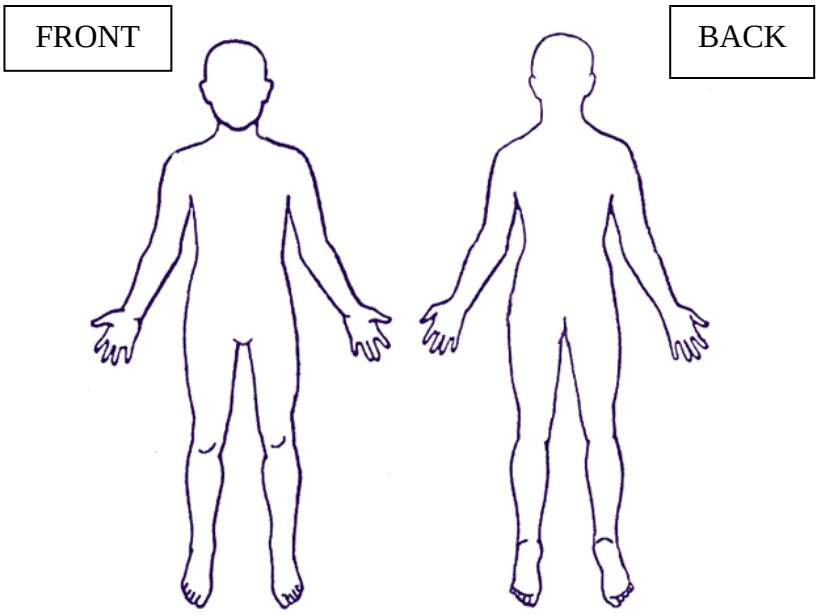
Please note type of symptoms you are having on the pictures below,
using the following codes:

P=Pain

T=Tingling

N=Numbness

A=All



Have you had any surgery on your neck or back? Please circle if yes. If yes, when, where and what body part?

_____

Have you had any fractures of your neck or back? Please circle if yes. If yes, when and what body part?

_____

What treatment(s) have you received? _____

_____

How did this condition occur? _____

_____

When did the symptoms begin? _____

Have you had X-rays, MRI or CT taken of the affected area in the last 5 years? Please circle if yes. If yes, when and where? _____

Comments _____

_____ _____

Patient (Parent/Guardian) Signature Date