

## MRI Spine / Symptoms & Pain Diagram

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

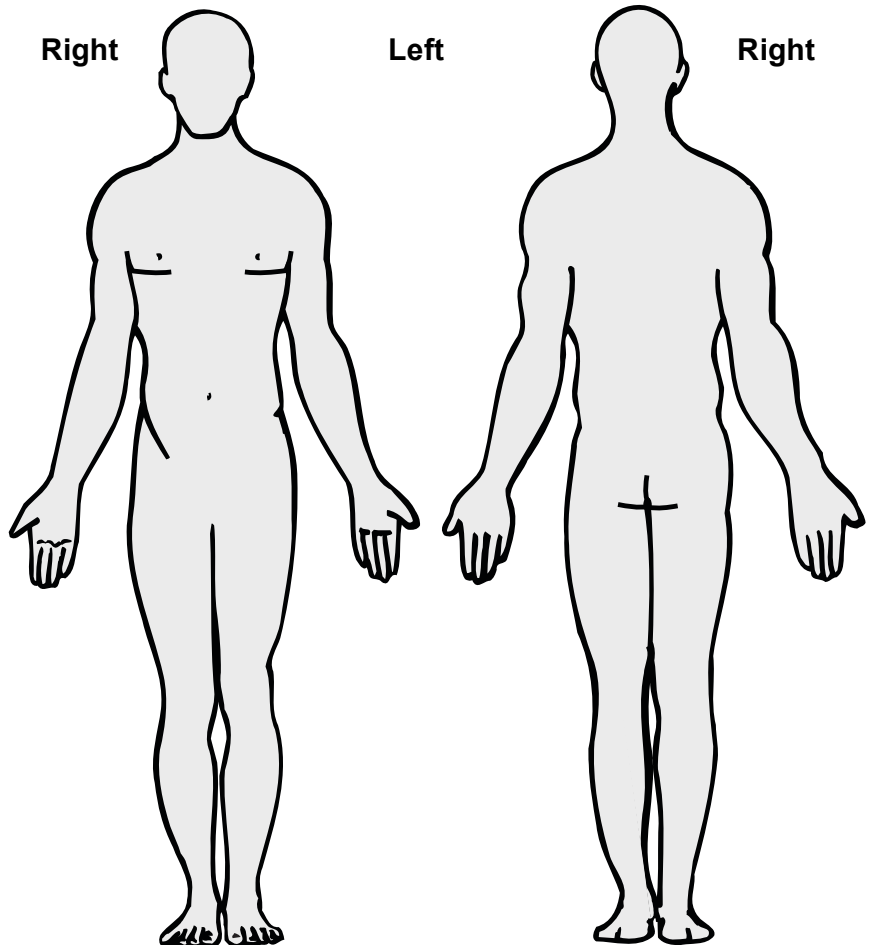
Describe your problem. Please include when it started. \_\_\_\_\_

Have you been injured?  Yes  No If yes, describe your injury & when it occurred.

Have you had surgery for this problem?  Yes  No If yes, describe your surgery & when it occurred.

Have you had other tests for this problem, such as a myelogram, CT scan or MRI?  Yes  No

**Where is your pain right now?** Mark the areas on the body below where to where you hurt. (If the right side of your neck hurts, mark the drawing on the right side of the neck, etc.) Please indicate which sensations you feel by referring to the key below.



KEY	
^ ^ ^	Ache
000	Numbness
■ ■ ■	Pins & Needles
XXX	Burning
/////	Radiation

Please check the box the best indicates the duration of your pain:

- Continuous
- Positional
- Intermittent (on/off)
- Unable to Rate

I can tolerate a pain score of: \_\_\_\_\_

How bad is your pain right now? (indicate on the line)

