

# HEAD / NECK / SPINE QUESTIONNAIRE

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Have you had previous imaging studies on your head, neck, or spine? If so, what study?

MRI   CT Scan   X-Rays   Other If so, where? \_\_\_\_\_

Have you ever had surgery on your head, neck, or spine? \_\_\_\_\_ If so, what? \_\_\_\_\_ when? \_\_\_\_\_

What is your approximate weight? \_\_\_\_\_ lbs

Are you, or do you think you may be pregnant?   No   Yes

## Please check any of the following that pertain to your exam today...

Do you have a history of cancer? \_\_\_\_\_ If so, what type or where? \_\_\_\_\_

Have you been diagnosed with MS?  No  Yes If so, approx. when? \_\_\_\_\_

### HEAD OR BRAIN SYMPTOMS

- Headache
- Head injury
- Facial pain
- Facial numbness
- Nausea
- Dizziness
- Fainting
- Seizure
- Fatigue
- Tremors
- Lack of coordination
- Weakness of a body part  
If so, which body part \_\_\_\_\_
- Trouble walking
- Blurred vision
- Double vision
- Visual defect
- Eye swelling, enlargement, or mass
- Memory loss
- Confusion
- Trouble speaking
- Hearing loss Which ear? \_\_\_\_\_
- Ringing in ears Which ear? \_\_\_\_\_
- Loss of taste or smell
- Sinusitis
- Other

### NECK, BACK, OR SPINE SYMPTOMS

- Neck Pain
- Mid back pain
- Low back pain
- Neck injury If so, when? \_\_\_\_\_
- Back injury If so, when? \_\_\_\_\_
- Arm pain \_\_\_ Right \_\_\_ Left \_\_\_ Both
- Arm numbness \_\_\_ Right \_\_\_ Left \_\_\_ Both
- Arm weakness \_\_\_ Right \_\_\_ Left \_\_\_ Both
- Leg pain \_\_\_ Right \_\_\_ Left \_\_\_ Both
- Leg numbness \_\_\_ Right \_\_\_ Left \_\_\_ Both
- Leg weakness \_\_\_ Right \_\_\_ Left \_\_\_ Both
- Sciatica
- Difficulty swallowing
- Hoarseness
- Neck swelling, mass or lump  
If so, where? \_\_\_\_\_
- Other spine symptoms \_\_\_\_\_

THANK YOU!