ADVANTAGE+ MRI Excellence in High Field Imaging

MRI Patient Clinical History

Excellence in High Field Imaging								Brain Date:		
Plea	ıse in	dica	te if thesi	e symptoms are	the result of t	he following:				
Aut	o Aco	cider	nt ()	Personal In	ı jury Other than	auto accident ()	V	Work Injury ()	Illness ()	
Whe	en dic	l the	accident	happen (date):						
Whe	en dic	l you	ur sympto	ms begin:						
Plea	ise ar	ıswe	er all ques	stions that perta	uin to today's e	xamination.				
YES	5 N	10	Do yor	u experience an	y of the follow	ing?				
()	()	Previo	ous Surgery to th Where:		n		When:		
()	()	Recent	t trauma / injury	y to the head			When:		
()	()	Headao	iche				Wilch		
()	()	Sympt	toms started sud	Idenly					
()	ì)		toms come and g						
() ()	ì	ý	• •	toms are constar	•			Q	\bigcirc	
()	(Ś		y of Multiple So				×==*	لخبسها	
()				y of High Blood				\sim	\sim	
()	ì	Ś		es, Convulsions				(1)	()	
())		ng or blackouts	, or <u></u>			11 11		
()	ì	Ś		ness or Light - H	leadedness			$/\lambda$ ()	77 (\	
()	ì	Ś		ng difficulty or l		Right ear	Left ear	2/1/1/1		
$\dot{()}$	ì	Ś		ng or other noise		Right ear	Left ear			
()	ì	Ś		d or double visi		Right eye	Left eye			
()	(Ś		n vision loss	.on	Right eye	Left eye	1 11 1	(\land)	
()	ì	Ś		ulty speaking or	r writing	Tugin of o	Deregge			
()	$\tilde{(}$	Ś		d speech	Witting			1711	1/11	
()	ì)		sis of arm or leg	σ	Right	Left		00	
$\left(\right)$)		ulty in walking			LUIT	W V		
$\left(\right)$)		or, Spasm. Facia						
()	(,								
()	()	Swelli	ng, mass or lun	np in head or ne	eck				
Othe	r sym	pton								
()	()	Have y	ou had any prior	Xrays, CT Scan,	, Ultrasound or Nucl	ear Medicir	ne exams for this area?		
			What F	acility:						
()	()	Have y	ou had cancer? 7	Гуре:					
			What w	was done?	Surgery	Chemotherapy]	Radiation Therapy		
			Date of Surgery: Date of therapy:							
Ia	attest							nd understand the cont that I am about to unde		
	S	Signa	ature:			Date:				
1		•								