



# NORTH DOVER R A D I O L O G Y

## CERVICAL SPINE QUESTIONNAIRE

Today's Date: \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

What complaints or symptoms lead you to see your doctor? \_\_\_\_\_  
\_\_\_\_\_

How long have you had these symptoms? \_\_\_\_\_

Have you ever had trauma or injury to your neck? \_\_\_\_\_ When? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

Do you have neck pain? \_\_\_\_\_ For how long? \_\_\_\_\_

Do you have pain, numbness or tingling in any of the following areas? Please check where appropriate:

	LEFT	RIGHT
Upper arm	_____	_____
Elbow	_____	_____
Lower arm	_____	_____
Hands/Fingers	_____	_____

Please list any other medical problems that you have, or have had in the past:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_:

Please list any and all medications you are currently taking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient's Signature \_\_\_\_\_