**ADVANCED IMAGING OF REDDING**
**CHIEF COMPLAINT QUESTIONNAIRE**

NAME: _____ Date of Birth: _____ AGE: _____ DATE: _____

Describe your chief complaint and how long it has existed: _____

_____

_____

Has this body part been injured? (Circle) Yes No
If yes, when? _____
Describe your injury: _____

_____

_____

Have you had surgery for this problem? (Circle) Yes No
If yes, when? _____
What kind of surgery? _____

_____

_____

Have you had any other tests for this problem? (Circle) Yes No
If yes, what, when, where, and results: _____

_____

_____

_____

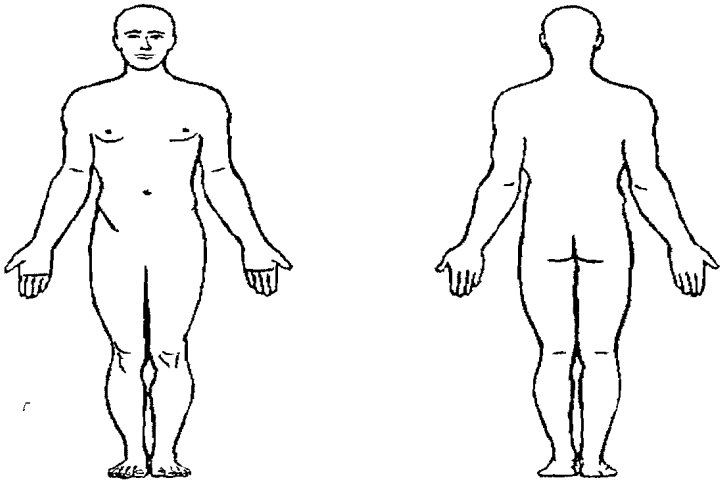
Myelogram: _____
CT Scan: _____
MRI Scan: _____

Please circle your symptoms:

Arm Pain: Right Left
Arm Numb: Right Left
Arm Weak: Right Left

Bowel Dysfunction: Yes No
Bladder Dysfunction: Yes No

**PLEASE shade the drawing where you feel pain, numbness and/or weakness**



Leg Pain: Right Left
Leg Numb: Right Left
Leg Weak: Right Left